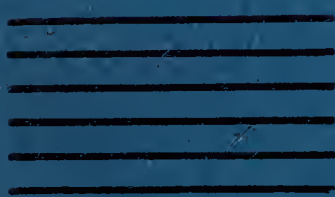


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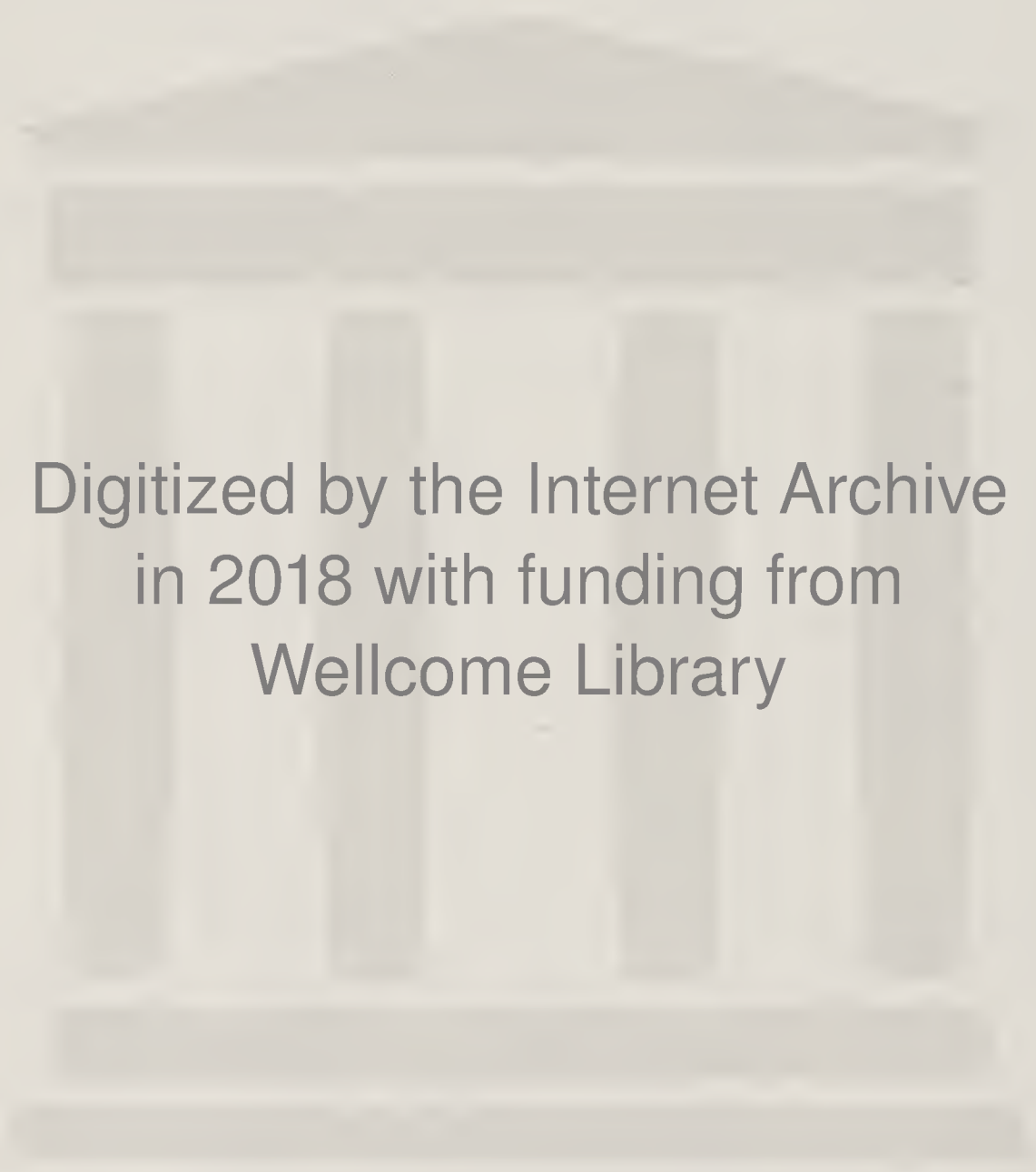


THE
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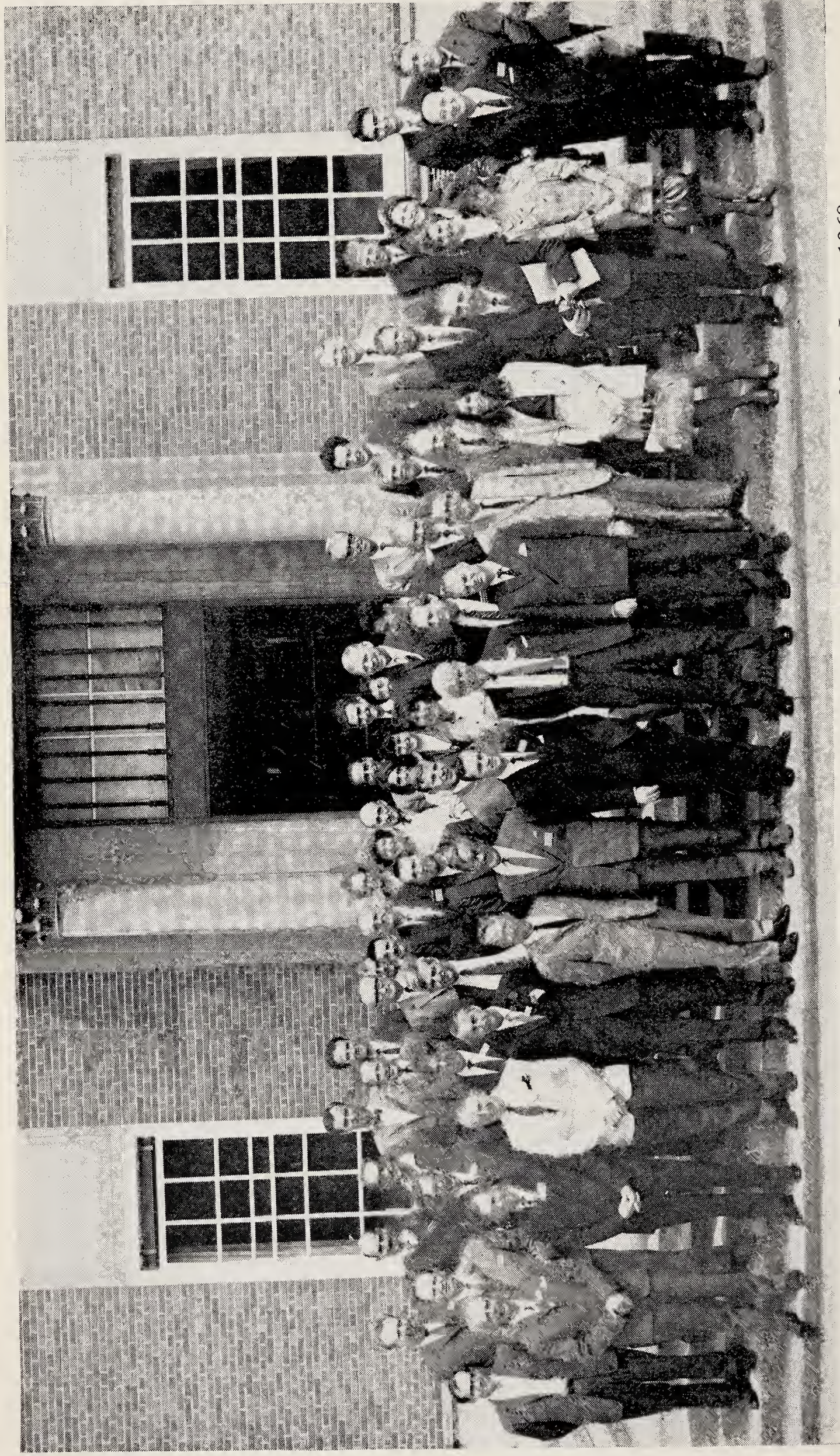
THE
HEALTH
OF
WEST
SUSSEX

1968



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WORLD HEALTH ORGANISATION SEMINAR ON COMPUTERS: CHICHESTER: 20TH JUNE, 1968

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“Ideally, each of us would like to have a health centre at one end of the street and a district general hospital at the other. But none but the very foolish when really needing expert care would prefer a lock-up surgery and a cottage hospital within walking distance to a modern district general hospital a dozen miles away and a health centre within five miles. We cannot build the new and keep the old.

Nowhere are we so ambivalent in our desire for the best service at our doorstep as in the provision of services for accidents and emergencies. All of us want two things: on the one hand somewhere close by where we can go at any time of the day or night, with the finger that the lawn mower has nibbled, the boil that gets bigger instead of smaller, the child who has spilt a cup of tea on his foot; and on the other hand we also want a big, modern hospital staffed night and day by doctors and nurses equipped with every modern device, where the ambulance will drive us after a pile-up . . . How many of us pause to consider whether as a nation we can afford both and, indeed, if we could, whether both could ever be staffed? . . .

There are many demands on the Health Service that cannot be fully met, and not all of them should be fully met, since the lesson of all advanced countries is that demand must be expected always to outrun supply . . .

One standing need of any health service is more money, but there is not now, nor will there ever be, as much money as the professions could usefully employ. It follows that they must make better use of what can be provided. Better organised professional work cannot overcome an absolute dearth of resources, but it would greatly improve the use of what we have and demonstrate the justice of any claim for more. The responsibility of the health departments is not merely to provide resources, but also to foster their more systematic use . . .”

*National Health Service. Twentieth Anniversary Conference.
5th July, 1968. Extracts from Closing Address by
The Rt. Hon. Kenneth Robinson, M.P., Minister of Health*

Telephone : Chichester (0243) 85100

METROPOLITAN HOUSE
NORTHGATE, CHICHESTER
15th May, 1969

To the Members of the County Council of West Sussex

I present for your information another edition of *The Health of West Sussex*. It comprises my Annual Reports on the Health of the County and of the School Child for the year 1968 and is the ninth for which I have been responsible.

The presentation of this issue follows the same pattern as its immediate predecessors and, like them, it has been prepared to comply with the requirements of the law.* Its elaboration has again consumed a great number of man-hours, many of which could have been put to better use.

Twenty Years On

The National Health Service was twenty years old on 5th July, 1968 and the prefatory remarks which introduce the Report were made by the then Minister of Health, the Rt. Hon. Kenneth Robinson, M.P., (now Minister for Planning and Land) at a conference† “not only to mark a notable anniversary but also, more importantly, to help to shape and fit the Service for the tasks ahead.”

This anniversary commemorated the commencement of one of the most unselfish and unsordid instruments‡ ever to be approved by any representative assembly. Despite the shortages of the immediate post-war years, it was decided to put first things first. A reasonable part of the nation's limited resources would be devoted to the promotion of health and to the treatment of disease and both would be merged in a single health service for the benefit of the entire nation.

Despite occasional carping, what emerged—although a patchwork of compromises with local government, with hospitals and with voluntary and professional groups—was a tremendous success, and the experience of two decades has done nothing to detract from that success. Infant mortality—one of the best measurements of a nation's health—has been almost halved; deaths of women in childbirth have been reduced to a fifth of what they were twenty years ago, and killer diseases such as poliomyelitis and diphtheria have virtually been wiped out.

In twenty years the National Health Service has become if not the eighth then certainly the tenth wonder of the world. For in terms of financial turnover this is now the position it occupies in the table of

* Article 5(3), *Public Health Officers Regulations 1959*.

† Department of Health and Social Security. *National Health Service. Twentieth Anniversary Conference. Report*. London. H.M.S.O. price 9s. 6d. net.

‡ *National Health Service Act 1946*.

world corporations.* It cannot match the performance of such giants as General Motors, General Electric, Chrysler, Unilever, Mobil Oil and U.S. Steel. But it is way ahead of such bodies as the National Coal Board and, measured in terms of human benefit (rather than cash dividend) to the shareholders, it probably supersedes them all.

It now stands at the crossroads. Well in the rear of informed opinion, the government seem at last to have conceded that a major overhaul of the National Health Service, aimed at integrating its administrative structure and improving its management, is now required. This will be the next major milestone in its history. There will be problems in producing harmony out of the Green Paper,† the Seebohm Report‡ and that of the Royal Commission on Local Government but the time for decision will soon be here. And whatever the verdict may be, it will probably shape the destiny of the National Health Service for a period far beyond the next twenty years.

Ichabod

The Ministry of Health died, aged 49, on 31st October, 1968. The cause of death was not recorded but, surprisingly, there was no inquest. The obituary was published in a seven-paged pamphlet§ and the funeral, arranged in stealth, was conducted in private. There thus passed into history a great organ of state which for almost half a century had served the nation well. Though handicapped by the loss of most of its environmental health responsibilities in 1951, when the Minister was deprived of his rightful place in the Cabinet, it had nevertheless kept faith with its duty to promote the better health of the people. Whether its successor, an obvious precursor of change, will accomplish as much, time alone will tell.

With the demise of the Ministry of Health, the impending reorganisation of the National Health Service and of local government was brought a step nearer. The writing is certainly on the wall for local health authorities in their present form and their death knell may have sounded long before the next Report in this series sees the light of day. Medical officers of health, at any rate in the working clothes in which they have been clad for more than a hundred years, are also it seems being prepared for cremation. Sooner rather than later I believe that they, like the Ministry of Health, will have to be resurrected and that both will emerge, perhaps improved, from the ashes of the fire which has already consumed the one and is now being rekindled to receive the other.

* Rock Carling Fellowship 1968. *Priorities in Medicine*. By W. J. H. Butterfield, O.B.E., M.D., F.R.C.P. London. Nuffield Provincial Hospitals Trust. 1968 Pp. 198. Price 10s. 6d.

† Ministry of Health. *National Health Service. The Administrative Structure of Medical and Related Services in England and Wales*. London. H.M.S.O. Price 3s. 6d. net.

‡ Report of the Committee on Local Authority and Allied Personal Social Services. London. H.M.S.O. Price £1 11s. net. Cmnd. 3703.

§ Statutory Instruments 1968. No. 1699. Ministers of the Crown. *The Secretary of State for Social Services Order 1968*. H.M.S.O. Price 1s. 3d.

Progress and Problems

With the impending reorganisation of local government and of the National Health Service, the year passed in an atmosphere of more than usual uncertainty. A highlight was the visit to the Department on 9th January, 1968 of the Rt. Hon. Kenneth Robinson, M.P., who was the last Minister of Health. He was particularly impressed with the arrangements made for the attachment of staff to the practices of family doctors, with the increasingly important joint work with hospitals, with the arrangements whereby the County's computer serves the people of the County and facilitates the work of family doctors, and by the Council's imaginative and forward-looking health centre building programme.

Although eventful, the year was another of squeeze and freeze, and maximum permitted increases in expenditure were again imposed on spending committees even before their budgets were prepared. The one thing of which there was no shortage in 1968 was advice. Reports too numerous to mention thumped solidly into and out of the offices of government, each one suggesting short-cuts to a golden future. One can only hope that they made their progenitors feel better; the first few snowflakes are remarkable — after that it just snows.

Apart from that contained in officially-sponsored reports, there was also no shortage of advice from well-intentioned individuals and groups who had so little faith in the democratic process that they preferred to rely upon direct action. Understandably enough, these agitated and aggrieved people are God's gift to the newspapers and television. One memorable evening was spent by the Chairman and Vice-Chairman of the Health Committee, accompanied by other members and chief officers of the authority, listening to the pleas of a Drug Action Committee for more health education to persuade school children not to become drug addicts. Every one of the not inconsiderable Drug Action Committee chain-smoked cigarettes throughout the entire proceedings.

In the course of an address to the General Council of the University of Edinburgh in June, the Principal of the University spoke of "the vast impersonal mismanagement of our lives by government machines" although he went on to say "the more mature of us recognise that the machine consists of myriads of people trying their best."* In my opinion, the great majority of people for whom our services are provided are well satisfied. Complaints, and they are few, are promptly and humanely dealt with and if there is any disenchantment with society's arrangements for its public services, this disenchantment extends equally to the occasional products of our industries, universities and religious institutions. This is all part of an emotional revolt against the real and imagined shortcomings of things as they are. More often than not, it is merely a protest by individuals and groups about their own ineffectiveness — invariably a sad and traumatic experience.

* The University of Edinburgh. The General Council. Minutes of meeting held on 27th June, 1968. Address of the Principal (Professor Michael Swann, M.A., Ph.D., LL.D., F.R.S., F.R.S.E.).

Although a great deal of original work was undertaken during the year, principally in connection with the future health centres, very little of this work so far has a demonstrable product. In March (for the second time in two years), the headquarters of the Department underwent a major upheaval — largely to suit the convenience of other people — in transferring its location from County Hall to Metropolitan House, Northgate, Chichester. With splendid cooperation from the County Architect's representatives, the prospect of a further unwelcome disturbance was turned to considerable advantage and an efficient, attractive and flexible scheme (one of the first in the country) was devised for the re-accommodation of the Department using the principles of open planning; some examples of the standards achieved are illustrated on pages 20 and 21.

Family planning services were considerably developed. It is disappointing that so many babies still arrive to a lukewarm reception and an unpromising future. It is surely beyond argument that if all babies were *wanted* then the quality of our living and the general level of health and happiness would be vastly improved. In this, as in so many other aspects of our work, the application of knowledge is a slow business — not just for lack of funds but even more as a result of physical and mental inertia, obstinacy and ignorance. Professor Sir Max Rosenheim, President of the Royal College of Physicians, speaking to the Regional Committee for Europe of the World Health Organisation in September, said, "I sometimes wonder whether the vast sums of money now being spent in many countries on research might not produce more rapid and spectacular improvement in world health if devoted to the application of what is already known."*

Committees and Staff

Following consideration of the Maud Report,† the County Council decided that each Committee should be asked to review its Sub-Committees, with a view to simplifying them. No decisions had been taken by the Health and Education Committees by the end of the year and these Committees consequently continued to exercise their responsibilities through the Sub-Committee structure described in earlier editions of the Report. The names of the members are given at Appendix A. It is sad to record the death on 6th December, 1968 of Mrs. E. S. M. Baxendale. She had served on the Health Committee for eight years and had been Chairman of the Nursing Sub-Committee since 1964; her keen interest in the activities of these Committees and the friendship she accorded to all who worked with her will be greatly missed.

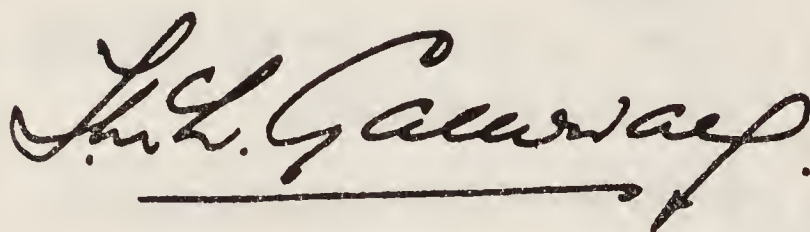
* Health in the World of Tomorrow. Max Rosenheim, K.B.E., M.A., M.D.Cantab., P.R.C.P. An address given at Varna, Bulgaria on 24th September, 1968.

† Ministry of Housing and Local Government. Committee on the Management of Local Government. Volume I. Report of the Committee. London. H.M.S.O. Price 15s. 0d. net.

The names of the principal members of your staff are recorded at Appendix B which also gives particulars of the various categories and numbers of staff employed. In the Birthday Honours List, Mrs. D. P. Leisten, a district nurse at Shoreham-by-Sea, was accorded the honour of Membership of the Order of the British Empire. Mrs. Leisten, who retired on 30th September, 1968, had a special interest in the rehabilitation of patients who had suffered physical disability following a stroke or accident and she had done some quite outstanding work. The honour conferred upon her came as a fitting public recognition of her devoted service.

Acknowledgements

I acknowledge with thanks the support and encouragement I have had from members of the Council and I am grateful to many colleagues in other departments, authorities and agencies for their cooperation. I also welcome this opportunity of thanking the staff for their work throughout the year, particularly Mr. J. Saunders, Principal Administrative Officer, who has again prepared much and edited the whole of the Report and who has played a leading part in our enterprise.

A handwritten signature in dark ink, reading "J. H. Galloway". The signature is written in a cursive style with a long horizontal stroke at the end.

*County Medical Officer of Health
and Principal School Medical Officer*

PART—I GENERAL AND STATISTICAL

Vital Statistics

The Department of Health and Social Security have asked that certain vital statistics relating to mothers and infants should be included in the Report in the following form and detail; those for 1967 are also shown for comparative purposes.

<i>Live Births</i>							1967	1968
Number	...	...	...	...	...	...	6,420	6,394
Rate a 1,000 population	...	...	...	...	...	...	16.6	16.6
<i>Illegitimate Live Births</i> (per cent of total live births)							7.9	7.5
<i>Stillbirths</i>								
Number	...	...	...	...	...	...	90	92
Rate a 1,000 total live and still births	...	...	...	...	...	...	13.8	14.2
<i>Total Live and Still Births</i>	...	...	...	...	...	...	6,510	6,486
<i>Infant Deaths</i> (deaths under one year)	...	...	...	...	...	...	82	91
<i>Infant Mortality Rates</i>								
Total infant deaths a 1,000 total live births	...	...	...	...	...	...	12.8	14.2
Legitimate infant deaths a 1,000 legitimate live births	...	...	...	...	...	...	12.4	13.9
Illegitimate infant deaths a 1,000 illegitimate live births	...	...	...	...	...	...	17.6	18.7
<i>Neonatal Mortality Rate</i>								
(Deaths under four weeks a 1,000 total live births)	...	...	...	...	...	...	8.7	10.0
<i>Early Neonatal Mortality Rate</i>								
(Deaths under one week a 1,000 total live births)	...	...	...	...	...	...	7.5	8.8
<i>Perinatal Mortality Rate</i>								
(Stillbirths and deaths under one week combined a 1,000 total live and still births)	...	...	...	...	...	...	21.2	22.8
<i>Maternal Mortality</i> (including abortion)								
Number of deaths	...	...	...	...	...	...	—	1
Rate a 1,000 total live and still births	...	...	...	...	...	...	—	0.2

The table on page 14 gives details of the population and the main vital statistics for each County district. The Registrar General's abridged list of 36 causes of death has been revised to accord with the Eighth Revision of the International Classification of Diseases. The new list has been used with the statistics relating to deaths in 1968 and is shown on pages 16 and 17.

VITAL STATISTICS

West Sussex compared with England and Wales

Year	Population (mid-year estimate)	Live Births			Deaths			Infant Mortality			Neonatal Mortality			Stillbirths			Maternal Mortality		
		West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales
		Rate a 1,000 population		No.	Rate a 1,000 population		No.	Rate a 1,000 live births		No.	Rate a 1,000 live births		No.	Rate a 1,000 total live and still births		No.	Rate a 1,000 total live and still births		No.
		No.	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex		Eng- land & Wales	West Sussex	Eng- land & Wales
1911	92,725	3,386	19.1	24.4	2,203	13.1	14.6	288	85.0	130	†	†	†	†	†	6	1.8	3.7	
1921	195,795	3,214	17.4	22.4	2,185	11.4	12.1	158	49.2	83	†	†	†	†	†	11	3.3	3.9	
1931	216,760	3,134	14.5	15.8	2,808	13.0	12.3	139	44.4	66	†	†	†	†	†	13	4.1	4.1	
1952	319,600	4,177	14.5	15.3	4,304	10.0	11.3	74	18.0	27.6	52	12.4	18.3	87	20.8	4	0.9	0.7	
*1953	327,340	4,271	14.4	15.5	4,519	10.4	11.4	95	22.0	26.8	67	15.7	17.7	99	22.7	4	0.9	0.8	
1954	338,500	4,681	16.0	15.2	4,606	9.5	11.3	112	24.0	25.4	88	18.8	17.7	106	22.1	1	0.2	0.7	
1955	347,700	4,681	15.3	15.0	4,696	9.5	11.7	99	21.0	24.9	77	16.4	17.3	102	21.3	1	0.2	0.6	
1956	358,700	5,021	15.4	15.6	5,138	10.7	11.7	122	24.0	23.8	85	16.9	16.8	105	20.5	3	0.6	0.6	
1957	370,200	5,287	15.4	16.1	4,757	10.2	11.5	103	19.5	23.1	77	14.6	16.5	130	24.0	1	0.2	0.5	
1958	382,500	5,541	15.4	16.4	5,267	11.0	11.7	100	18.0	22.5	74	13.4	16.2	106	18.8	1	0.2	0.4	
1959	390,000	5,656	15.1	16.4	5,537	11.8	11.6	95	16.8	22.2	64	11.3	15.9	121	20.9	2	0.4	0.4	
1960	397,240	5,802	14.9	17.1	5,679	12.2	11.5	118	20.3	21.8	88	15.2	15.5	84	13.7	1	0.2	0.4	
1961	410,930	5,947	14.6	17.5	5,975	12.6	11.9	107	18.0	21.4	79	13.3	15.3	97	16.1	1	0.2	0.4	
1962	418,470	6,183	14.8	18.9	6,122	12.9	11.9	124	20.1	21.7	92	14.9	15.1	106	17.1	1	0.2	0.3	
1963	425,710	6,395	17.3	18.2	6,634	11.2	12.2	114	17.8	21.1	86	13.4	14.3	92	14.2	2	0.3	0.4	
1964	436,770	6,567	17.1	18.5	5,976	10.0	11.3	108	16.4	19.9	83	12.6	13.8	91	13.7	—	—	0.3	
1965	444,690	6,506	17.1	18.1	6,539	9.7	11.5	81	12.4	19.0	57	8.8	13.0	96	14.5	3	0.5	0.3	
1966	450,170	6,375	16.6	17.7	6,618	9.7	11.7	92	14.4	19.0	72	11.3	12.9	75	11.6	1	0.2	0.3	
1967	455,930	6,420	16.6	17.2	6,665	9.5	11.2	82	12.8	18.3	56	8.7	12.5	90	13.8	—	—	0.3	
1968	465,660	6,394	16.6	15.9	7,403	10.2	11.9	91	14.2	18.0	64	10.0	12.3	92	14.3	1	0.2	0.2	

Note: The rates given for the Administrative County have been adjusted for age and sex and are therefore comparable with those for England and Wales.

*Boundary change.

†Not available.

Chief Vital Statistics for each County District in West Sussex

DISTRICT	Estimated population middle of 1968	No. of births	Birth rates		No. of illegitimate births	No. of deaths	Death rates		Deaths under one year	Infant mortality rate a 1,000 live births	Respiratory tuberculosis		Cancer death rate
			Crude	Standardised			Crude	Standardised			No. of deaths	Death rate	
Urban Districts													
Arundel (M.B.) ...	2,990	31	10.4	12.8	—	41	13.7	9.6	—	—	—	—	2.7
Bognor Regis ...	31,220	417	13.4	20.0	41	630	20.2	10.5	8	19.2	2	0.06	4.6
Chichester (M.B.) ...	20,710	240	11.6	12.1	14	384	18.5	10.0	4	16.7	1	0.05	3.5
Crawley ...	63,310	952	15.0	11.9	63	389	6.1	11.4	13	13.7	—	—	1.5
Horsham ...	26,080	460	17.6	18.5	28	295	11.3	9.4	1	2.2	—	—	2.1
Littlehampton ...	18,140	269	14.8	16.7	31	290	16.0	11.5	6	22.3	—	—	3.1
Shoreham-by-Sea ...	17,950	236	13.1	13.6	18	255	14.2	11.5	8	33.9	1	0.06	2.6
Southwick ...	11,510	134	11.6	13.2	13	171	14.9	12.1	1	7.5	—	—	3.1
Worthing (M.B.) ...	83,080	889	10.7	17.3	96	2,106	25.3	10.9	10	11.2	2	0.02	4.4
All Urban Districts	274,990	3,628	13.2	15.2	304	4,561	16.6	10.6	51	14.1	6	0.02	3.2
Rural Districts													
Chancetonbury ...	26,050	390	15.0	19.2	21	390	15.0	10.2	8	20.5	—	—	2.7
Chichester ...	59,570	837	14.1	17.5	70	739	12.4	9.8	11	13.1	2	0.03	2.6
Horsham ...	28,160	487	17.3	18.0	25	309	11.0	9.5	7	14.4	—	—	1.6
Midhurst ...	19,310	238	12.3	13.8	19	320	16.6	9.8	6	25.2	—	—	2.6
Petworth ...	10,940	158	14.4	17.6	10	145	13.3	9.6	1	6.3	—	—	2.3
Worthing ...	46,640	656	14.1	24.4	33	939	20.1	9.4	7	10.7	1	0.02	3.9
All Rural Districts	190,670	2,766	14.5	18.7	178	2,842	14.9	9.5	40	14.5	3	0.02	2.7
Administrative County ...	465,660	6,394	13.7	16.6	482	7,403	15.9	10.2	91	14.2	9	0.02	3.0

Deaths from Cancer: 1968

Sites	MALES										FEMALES									Total Males and Females							
	Age Groups										Total Males	Age Groups									Total Females						
	0—	1—	5—	15—	25—	45—	65—	75—	75—	65—	45—	25—	15—	5—	1—	0—	0—	1—	5—		15—	25—	45—	65—	75—		
Stomach ...	— (—)	— (—)	— (—)	— (1)	— (2)	28 (17)	31 (35)	16 (23)	75 (78)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	1 (—)	10 (3)	16 (23)	24 (32)	51 (58)	126 (136)
Lung, bronchus ...	— (—)	— (1)	— (—)	— (—)	6 (4)	89 (110)	138 (127)	55 (53)	288 (295)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	24 (23)	36 (29)	16 (17)	76 (69)	364 (364)
Breast ...	— (—)	— (—)	— (—)	— (—)	1 (—)	2 (—)	— (2)	1 (2)	4 (4)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	11 (9)	48 (61)	45 (36)	41 (39)	145 (145)	149 (149)
Uterus ...	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	2 (2)	17 (18)	15 (11)	15 (12)	49 (43)	49 (43)
Other organs ...	— (—)	— (1)	2 (—)	2 (1)	8 (16)	71 (76)	114 (124)	114 (147)	310 (365)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	2 (2)	8 (12)	91 (93)	112 (100)	141 (138)	354 (347)	665 (712)	47 (29)	47 (29)	1,400 (1,433)	
Leukaemia, aleukaemia ...	— (—)	1 (1)	2 (—)	— (1)	2 (2)	5 (2)	8 (9)	7 (5)	25 (20)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (1)	1 (—)	1 (—)	1 (—)	1 (—)	— (—)	— (—)	1 (1)	10 (3)	8 (4)	22 (9)	47 (29)
TOTALS ...	— (—)	1 (3)	4 (—)	2 (3)	17 (24)	195 (205)	291 (297)	193 (230)	702 (762)	— (2)	1 (—)	1 (1)	3 (2)	22 (33)	191 (199)	234 (202)	245 (242)	697 (671)	1,400 (1,433)	1,400 (1,433)	1,400 (1,433)	1,400 (1,433)	1,400 (1,433)	1,400 (1,433)	1,400 (1,433)	1,400 (1,433)	1,400 (1,433)

Note: The figures in brackets relate to 1967.

Causes of Death at Different Periods of Life

Registrar General's Code	Causes of Death	Total all ages		Under 4 weeks		4 weeks and under 1 year		Age in years																	
		M	F	M	F	M	F	1-		5-		15-		25-		35-		45-		55-		65-		75 & over	
								M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
B.1	Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.2	Typhoid fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.3	Bacillary dysentery and amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.4	Enteritis and other diarrhoeal diseases	2	6	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.5	Tuberculosis of respiratory system	5	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.6	Other tuberculosis, including late effects	6	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.7	Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.8	Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.9	Whooping cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.10	Streptococcal sore throat and scarlet fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.11	Meningococcal infection	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.12	Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.13	Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.14	Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.15	Typhus and other rickettsioses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.16	Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.17	Syphilis and its sequelae	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.18	All other infective and parasitic diseases	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(1)	Malignant neoplasm—stomach	75	51	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(2)	Malignant neoplasm—lung bronchus	288	76	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(3)	Malignant neoplasm—breast	4	145	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(4)	Malignant neoplasm—uterus	-	49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(5)	Leukaemia	25	22	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.19(6)	Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	311	354	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.20	Benign neoplasms and neoplasms of unspecified nature	6	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.21	Diabetes mellitus	22	25	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.22	Avitaminoses and other nutritional deficiency	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.46(pt)	Other endocrine, nutritional and metabolic diseases	7	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B.23	Anaemias	5	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

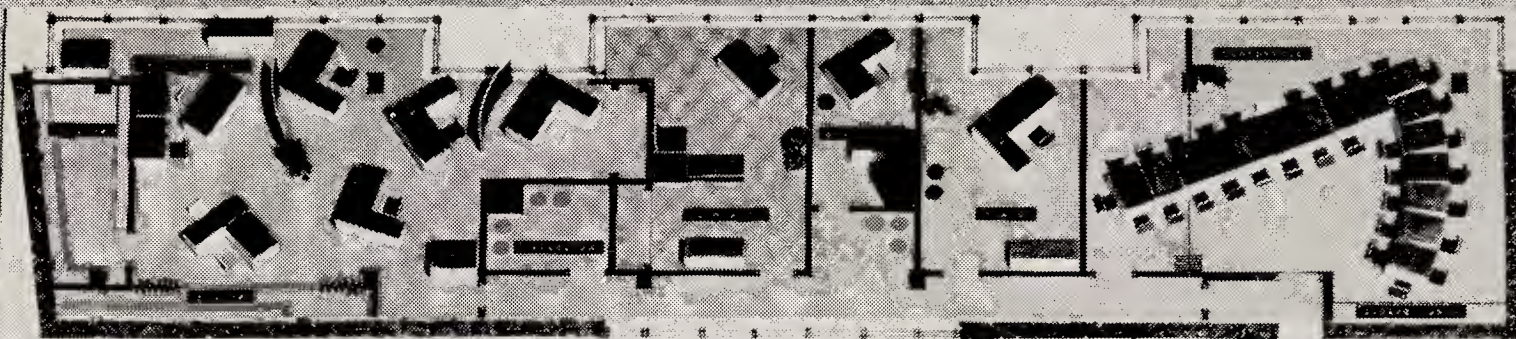
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The Weather at Worthing: 1968

Month	Air temperature (deg. F.)							Rainfall		Sunshine	
	Highest max.	Lowest min.	Mean max.	Mean min.	Mean	Difference from average	Total (ins.)	Percentage of average	Total (hrs.)	Percentage of average	
January ...	52	24	44.3	35.2	39.7	—1.2	2.70	92	60.3	86	
February ...	48	26	42.6	33.0	37.8	—3.1	2.28	114	92.6	109	
March ...	57	29	49.5	39.7	44.6	+0.8	0.85	49	158.5	113	
April ...	64	31	53.0	41.3	47.1	—0.9	3.44	194	204.8	110	
May ...	67	40	57.0	46.4	51.7	—1.8	2.18	132	210.9	92	
June ...	72	47	64.3	54.1	59.2	+0.1	2.41	157	203.9	84	
July ...	82	49	66.9	55.6	61.3	—1.2	4.13	184	198.4	93	
August ...	76	49	67.8	56.6	62.2	—0.4	1.57	68	159.4	73	
September ...	69	48	64.9	54.6	59.7	+0.3	3.96	185	166.4	100	
October ...	67	41	61.5	53.3	57.4	+4.5	4.27	145	82.8	67	
November ...	59	31	49.6	42.2	45.9	—0.3	1.01	29	59.8	82	
December ...	53	24	42.6	35.9	39.3	+1.5	2.18	75	45.7	75	
Means or extremes	82	24	55.4	45.7	50.5	—0.5	30.98	112	1,643.5	91	

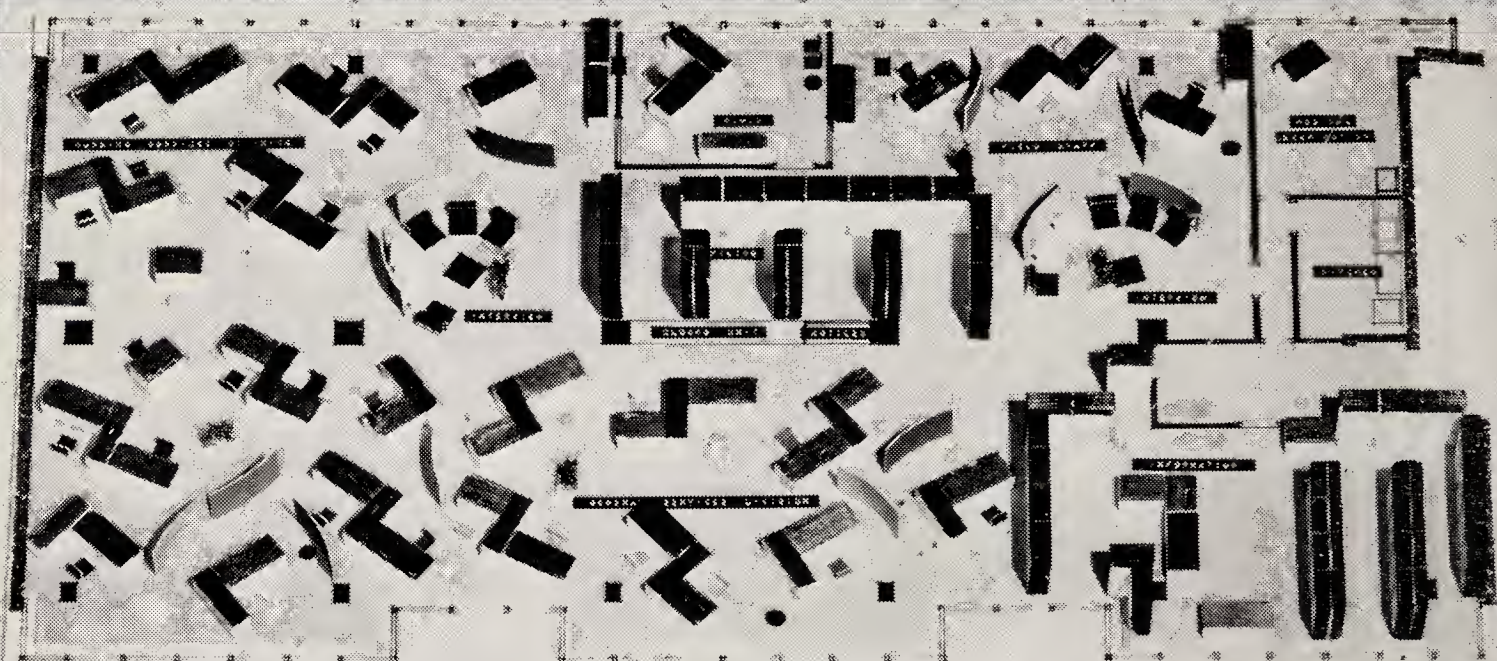
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NORTHGATE : CHICHESTER
 OFFICE LANDSCAPING - THIRD FLOOR - EAST WING

HEALTH DEPARTMENT



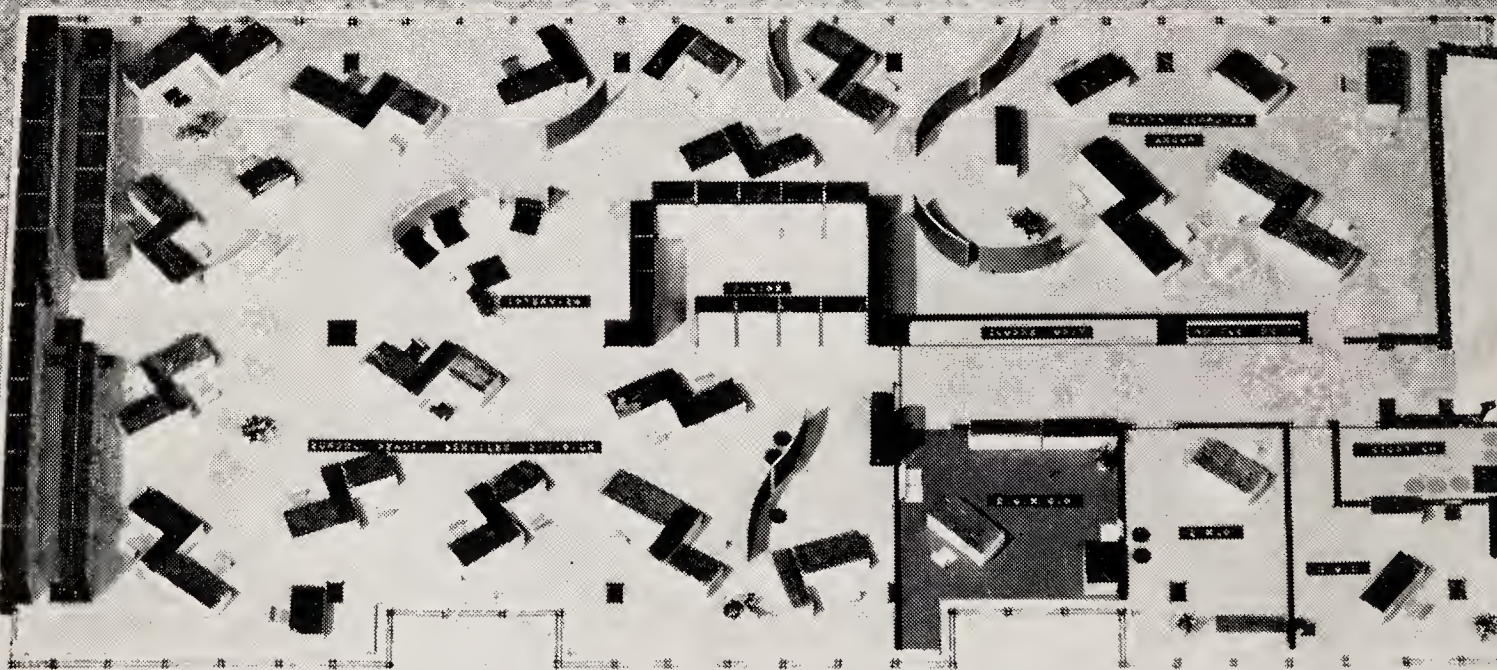
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NORTHGATE : CHICHESTER
 OFFICE LANDSCAPING - THIRD FLOOR - SOUTH WING

HEALTH DEPARTMENT

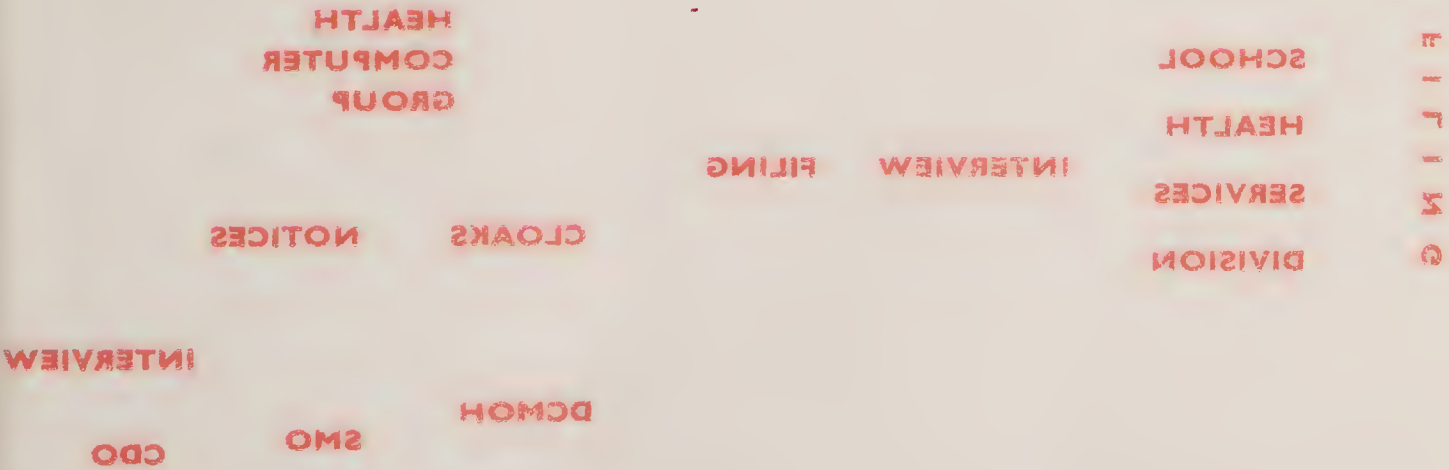
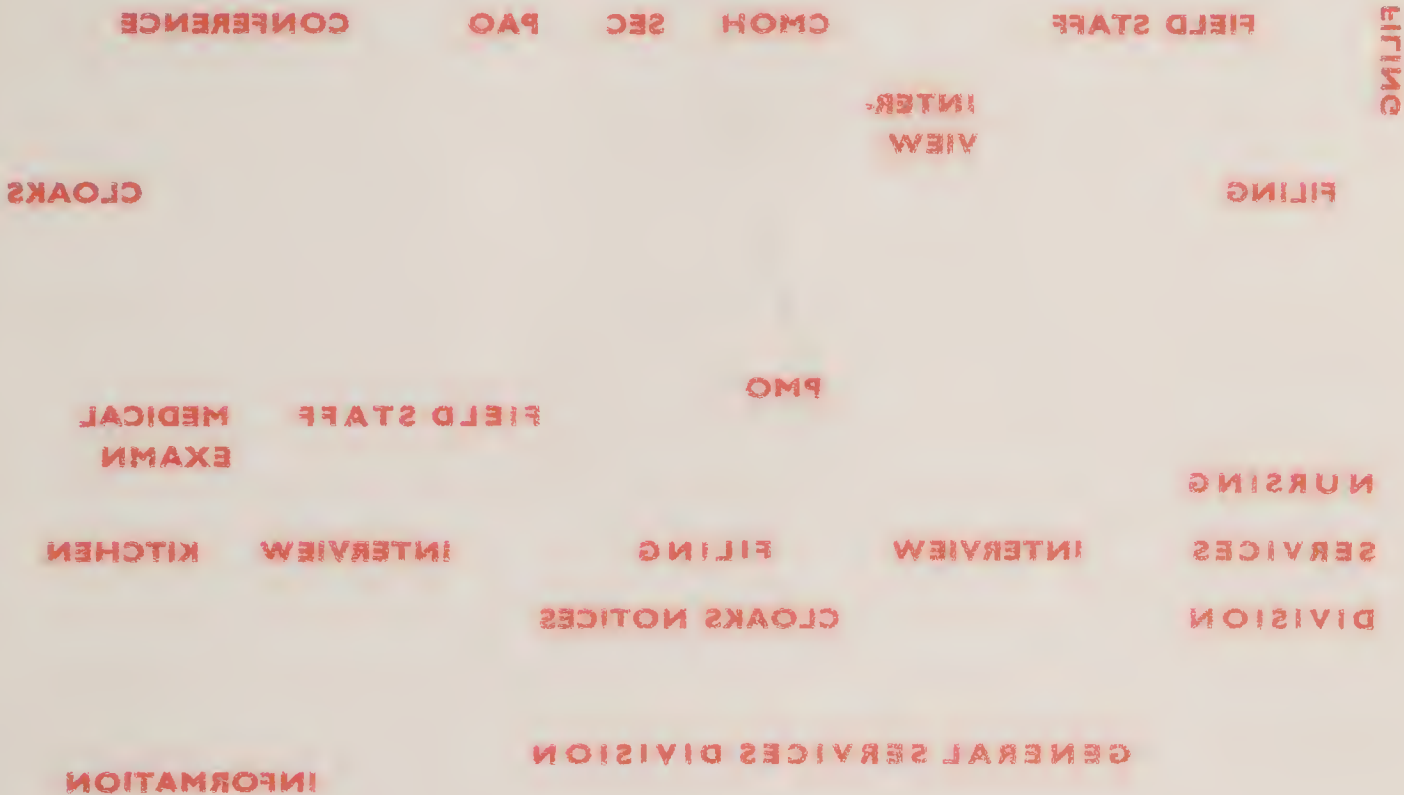


METROPOLITAN HOUSE
NORTHGATE : CHICHESTER
 OFFICE LANDSCAPING - SECOND FLOOR - SOUTH WING

HEALTH DEPARTMENT

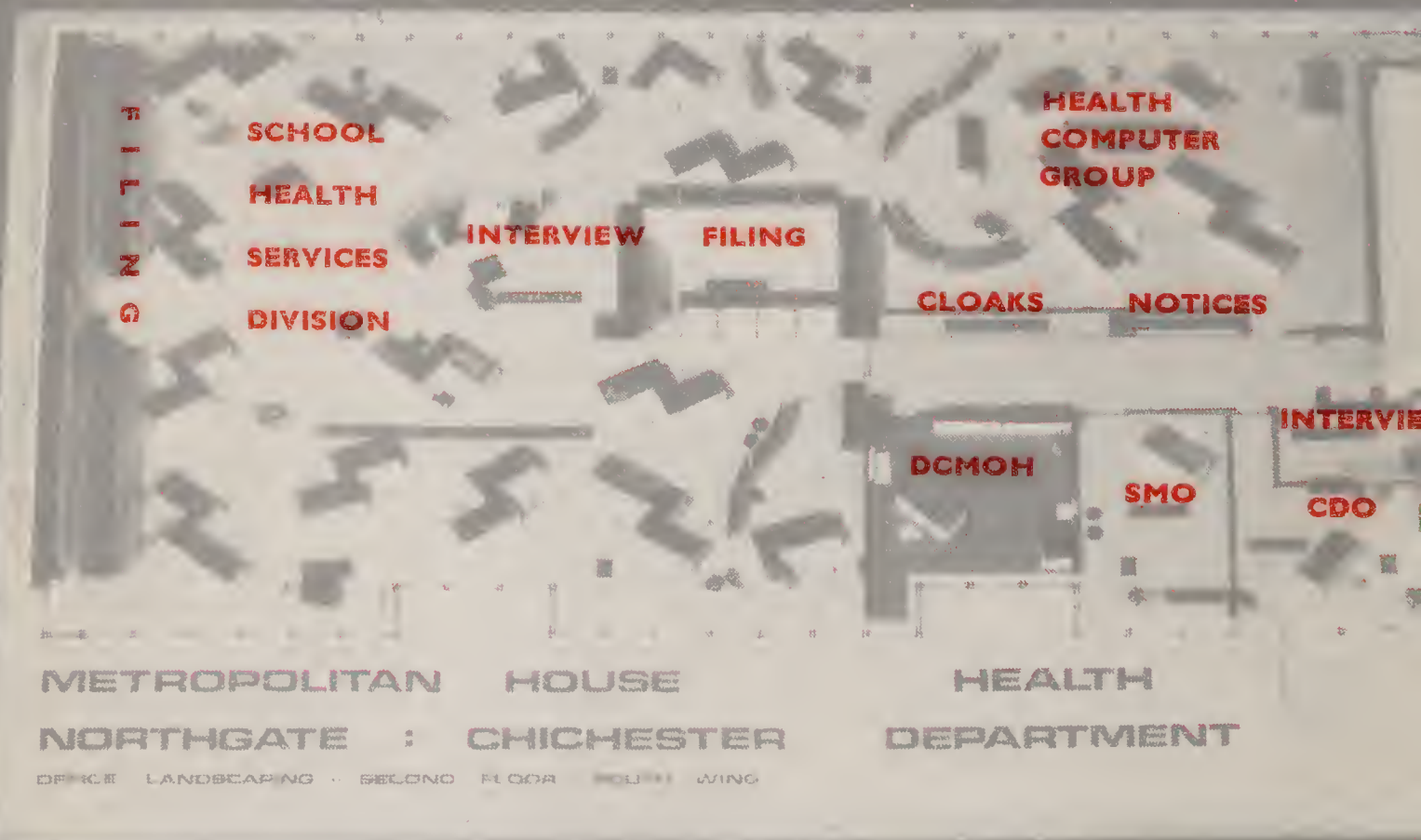
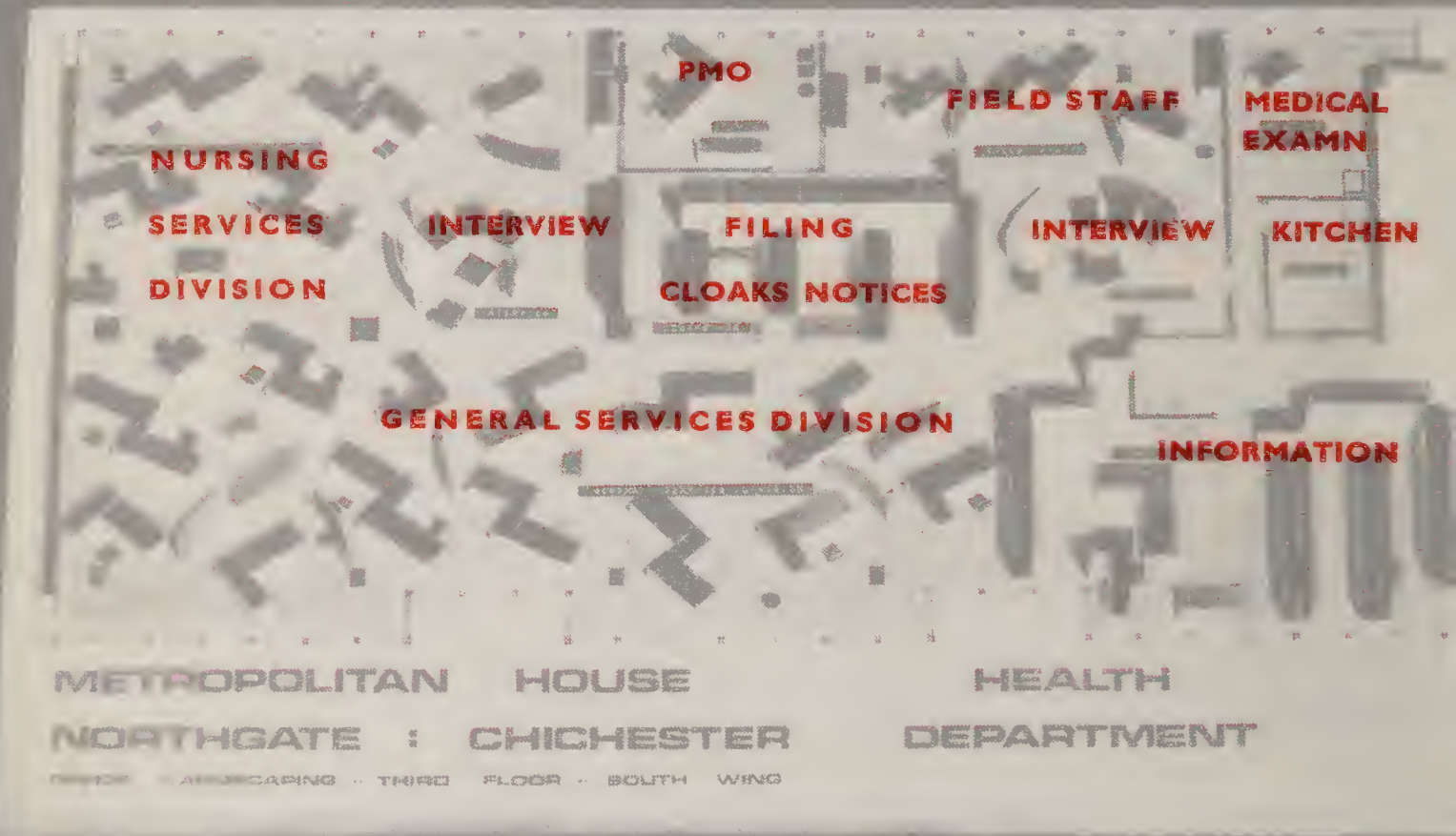
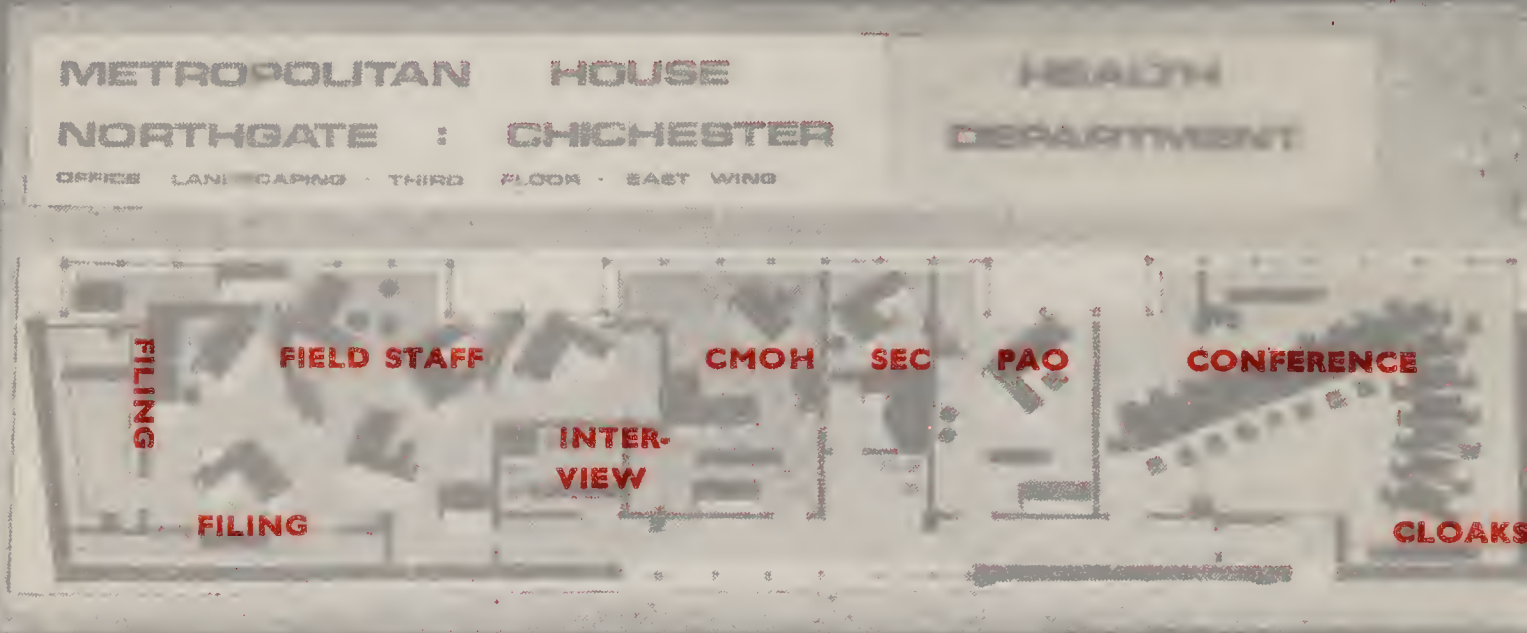


KEY TO OFFICE LANDSCAPING



WEST SUSSEX COUNTY HEALTH DEPARTMENT
METROPOLITAN HOUSE : NORTHGATE : CHICHESTER

KEY TO OFFICE LANDSCAPING



OFFICE LANDSCAPING
IN THE COUNTY HEALTH DEPARTMENT



Part of a large office

The information room



PART II—EPIDEMIOLOGY

Notifiable Diseases

The Public Health (Infectious Diseases) Regulations 1968 which came into operation on 1st October, 1968 consolidated with amendments all previous regulations relating to the notification and prevention of infectious disease except the *Public Health (Prevention of Tuberculosis) Regulations 1925*.

Certain infectious diseases were defined as notifiable diseases by the *Public Health Act 1936*, and all sections relating to the prevention and notification of disease in that Act and in the *Public Health Act 1961* applied automatically to them. Regulations made under the Act of 1936 applied various sections, mainly relative to notification, to other infectious diseases, and authorised certain measures for preventing the spread of disease. The *Health Services and Public Health Act 1968* amended the list of notifiable diseases and certain relevant sections of the earlier Acts.

The infectious diseases now to be notified to the medical officer of health are: —

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	

Notification of the diseases given below is now no longer required.

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

The responsibility for notifying a case or suspected case of food poisoning or infectious disease now rests exclusively on the medical practitioner attending the patient unless he believes that another practitioner has already notified the case. By the *Public Health (Fees for Notification of Infectious Disease) Order 1968* the notification fee was increased to five shillings from 1st October, 1968.

The total number of diseases notified was 960 compared with 6,272 in 1967 and an average of 4,095 for the past seven years. Only a small part of this decrease was accounted for by the changes referred to above.

NOTIFICATION OF INFECTIOUS DISEASES: 1968

COUNTY DISTRICT	Acute encephalitis		Acute meningitis	Acute poliomyelitis		Dysentery	Food poisoning	Infective jaundice	Measles	Ophthalmia neonatorum	Paratyphoid fever	Scarlet fever	Tuberculosis		Typhoid fever	Whooping cough	TOTAL
	Infective	Post Infectious		Paralytic	Non Paralytic								Respiratory	Other			
Urban Districts																	
Arundel M.B.	—	—	—	—	—	—	—	1	1	—	—	12	—	—	—	—	14
Bognor Regis	—	—	—	—	—	—	7	3	17	—	—	1	2	—	—	—	30
Chichester M.B.	—	—	—	—	—	1	2	—	10	1	1	—	2	—	—	—	17
Crawley	—	—	1	—	—	—	2	6	40	—	—	4	4	2	—	1	61
Horsham	—	—	1	—	—	13	1	6	10	—	—	4	3	—	—	4	42
Littlehampton	—	—	—	—	—	—	1	6	30	—	—	5	—	—	—	6	48
Shoreham-by-Sea	—	—	—	—	—	3	—	1	18	1	—	8	—	—	—	2	33
Southwick	—	—	—	—	—	4	—	1	6	—	—	11	—	—	—	9	31
Worthing M.B.	—	—	3	—	—	2	—	1	27	—	—	3	3	—	—	30	69
Total Urban Districts ...	—	—	5	—	—	23	13	25	159	2	2	48	14	2	—	52	345
Rural Districts																	
Chancetonbury	—	—	1	—	—	—	—	5	77	—	—	7	3	—	—	3	96
Chichester	—	—	1	—	—	10	2	6	104	—	—	23	3	1	—	17	167
Horsham	—	—	—	—	—	6	1	3	44	—	—	8	3	—	—	11	76
Midhurst	—	—	—	—	—	—	1	6	171	—	—	—	2	—	—	3	183
Petworth	—	—	—	—	—	—	—	1	58	—	—	—	—	—	—	1	60
Worthing	—	—	—	—	—	5	3	—	11	—	1	7	—	—	—	6	33
Total Rural Districts ...	—	—	2	—	—	21	7	21	465	—	1	45	11	1	—	41	615
Total Administrative County ...	—	—	7*	—	—	44	20	46	624	2	3	93	25	3	—	93	960
Total Administrative County 1967 ...	—	—	2	—	—	128	20	—	5,799	—	—	136	30	5	—	152	6,272

* Includes four notifications of meningococcal infection received up to 30th September, 1968.

Note: Notifications of rubella (24) are not shown in this table.

Notifications of whooping cough numbered 93 which was almost the same as the average for the last seven years. Notifications of measles numbered 624, the lowest annual figure since 1962.

The start of the year was marked by a widespread outbreak of influenza which affected most parts of the country. Complications were more frequent in elderly people and, in consequence, the effects of the epidemic were greatest in the coastal areas of the County, which have a high proportion of elderly residents.

Sexually-transmitted Disease

By Circular 38/68 dated 21st November, 1968 the Ministry of Health drew attention to the *National Health Service (Venereal Diseases) Regulations 1968*. These re-enacted earlier regulations which required hospital authorities to exercise strict confidentiality about information concerning patients attending venereal disease treatment centres, but they excluded from that requirement disclosure to certain persons for the purpose of treating patients suffering from these diseases or preventing their spread. Although staff employed by local health authorities were not covered by the regulations, the Minister asked that such authorities should continue to require their staff to observe the same confidentiality as is required of hospital staff. The Circular also drew attention to a memorandum on the control of venereal disease, mentioning in particular arrangements for tracing the contacts of people suffering from such disease.

There was a slight increase in the number of patients diagnosed as suffering from sexually-transmitted diseases, but the number remained small in relation to the total population of the County. The numbers diagnosed in the past two years are shown in the following table.

<i>Hospital</i>	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other</i>
Royal West Sussex Hospital (St. Richard's), Chichester	5 (4)	25 (19)	109 (104)
Worthing Hospital	3 (3)	18 (34)	185 (176)
Royal Surrey County Hospital, Guildford	— (—)	2 (—)	5 (—)
St. Helier Hospital, Carshalton	— (—)	— (—)	— (—)
St. Mary's Hospital, Portsmouth	— (3)	6 (1)	32 (19)
Redhill General Hospital	— (—)	1 (—)	9 (16)
Royal Sussex County Hospital, Brighton	— (—)	49 (37)	131 (120)
TOTALS	8 (10)	101 (91)	471 (435)

Note: The figures in brackets relate to 1967.

Dr. D. Warren Browne, Consultant Venereologist, makes the following comments on his work in the Chichester area.

“Changes in the public’s attitude towards the venereal diseases are reflected in the attendance register of the Special Treatment Clinic at St. Richard’s Hospital, Chichester. Not only are more patients being referred

by family doctors, but an increasing number of girls and youths in the 16 to 20 age group are attending for advice.

Opportunity is taken to question these young people on two specific points. Firstly, do they or their partners take contraceptive precautions when they have intercourse? Secondly, have they received instruction at school or elsewhere regarding venereal disease? Regrettably, most answer both questions in the negative. One cannot but be surprised at the way these young girls expose themselves so carelessly to the risks of pregnancy. Many of them are visitors to Sussex — some on holiday and some working seasonally during the summer — and it is rare to find one who would consider herself to be promiscuous. However, experimental facilities have recently been introduced by West Sussex County Council for unmarried girls to receive contraceptive advice."

World Health Organisation Seminar

The Regional Office for Europe of the World Health Organisation, in cooperation with the Ministry of Health, held a Seminar on the Public Health Uses of Electronic Computers in London from 17th to 21st June, 1968.

The Seminar was attended by representatives from 21 European countries, besides a large number of observers and representatives of the press and international organisations. It provided an opportunity to exchange views and experience on the use of computers in carrying out a number of duties in the field of public health and, in this connection, a visit was paid to Chichester on 20th June, 1968. Here the delegates, for whom Russian and French interpreters were provided, were received by the Chairman of the County Council and they were addressed by the County Treasurer and by me. They were shown the computer centre and were entertained to lunch at Fordwater Training Centre.

Letters of appreciation for the arrangements made were received from the World Health Organisation, from the Ministry of Health and on behalf of the Press.

Vaccination and Immunisation

The system whereby immunisation appointments were prepared by computer for children on the lists of general medical practitioners in West Sussex as well as for County clinics was continued. The arrangements were extended to general medical practitioners and clinics in the Borough of Worthing and, by the end of the year, all the appointments for children attending clinics and most of those attending general practitioners in the Borough were prepared by computer methods.

The high percentage of children in West Sussex protected against the various diseases for which there is an effective antigen was maintained; for the third successive year, over 90 per cent of children were protected against diphtheria, whooping cough and poliomyelitis; the percentage vaccinated against smallpox rose to 85.

The following table shows how the immunity indices have improved during the past five years.

Area	Children born in 1967 and vaccinated by 31st December, 1968			Children under two years vaccinated in 1968 as percentage of 1967 births
	Diphtheria (per cent)	Whooping cough (per cent)	Poliomyelitis (per cent)	Smallpox (per cent)
West Sussex ... England & Wales	94 78	93 76	95 74	85 38
	Children born in 1966 and vaccinated by 31st December, 1967			Children vaccinated in 1967 as percentage of 1966 births
West Sussex ... England & Wales	94 78	93 74	95 71	81 39
	Children born in 1965 and vaccinated by 31st December, 1966			Children vaccinated in 1966 as percentage of 1965 births
West Sussex ... England & Wales	92 73	92 72	91 68	83 38
	Children born in 1964 and vaccinated by 31st December, 1965			Children vaccinated in 1965 as percentage of 1964 births
West Sussex ... England & Wales	88 71	88 70	87 65	76 33
	Children born in 1963 and vaccinated by 31st December, 1964			Children vaccinated in 1964 as percentage of 1963 births
West Sussex ... England & Wales	71 69	71 68	67 60	57 32

In August, 1968 the Minister of Health accepted the advice of the Joint Committee on Vaccination and Immunisation that schedules P & Q should be replaced by a single schedule. The revised schedule will be introduced in April, 1969 following the rewriting of the computer programme. In order to facilitate the changeover, the programme was amended from 1st January, 1969 to offer the first appointment for protection against diphtheria, tetanus and whooping cough when the child is six months old instead of at two months in accordance with the old schedule.

The last table shows an increase of four per cent in the smallpox index in 1968; this was attributable to an increase in the number of children under two years who were vaccinated against smallpox in Worthing. There was a decrease in Worthing of one per cent in the number of children protected against diphtheria, whooping cough and poliomyelitis; this is shown in the next table. The decrease was

probably due to the changeover to the computer system which was not completed by the end of the year and to the fact that some of the doctors' records were being prepared for transfer to the computer and were incomplete.

Area	Children born in 1967 and vaccinated by 31st December, 1968			Children under two years vaccinated in 1968 as a percentage of 1967 births
	Diphtheria (per cent)	Whooping cough (per cent)	Poliomyelitis (per cent)	Smallpox (per cent)
Worthing	80 (81)	80 (81)	79 (80)	80 (47)
Remainder of West Sussex	96 (96)	95 (95)	97 (97)	85 (87)
West Sussex ...	94 (94)	93 (93)	95 (95)	85 (81)

Note: The figures in brackets are the corresponding indices for the previous year.

The next three tables give details of the various immunisation procedures carried out by family doctors and at County clinics during 1968. Particulars of comparable figures for 1967 are also shown.

Diphtheria, Whooping Cough and Tetanus

Type of Injection	Primary Immunisations		TOTALS	Reinforcing Injections		TOTALS
	By County Medical Staff	By General Practition- ers		By County Medical Staff	By General Practition- ers	
Triple antigen	1,537 (1,602)	4,494 (4,526)	6,031 (6,128)	1,568 (1,528)	4,342 (3,817)	5,910 (5,345)
Diphtheria ...	— (—)	— (—)	— (—)	39 (71)	2 (10)	41 (81)
Diphtheria and whooping cough	— (—)	— (—)	— (—)	1 (—)	— (—)	1 (—)
Diphtheria and tetanus ...	73 (79)	92 (107)	165 (186)	3,386 (3,076)	8,263 (6,818)	11,649 (9,894)
Quadruple vaccine ...	— (—)	— (—)	— (—)	— (—)	— (3)	— (3)
Tetanus ...	33 (101)	87 (88)	120 (189)	12 (4)	60 (73)	72 (77)
TOTALS ...	1,643 (1,782)	4,673 (4,721)	6,316 (6,503)	5,006 (4,679)	12,667 (10,721)	17,673 (15,400)
Percentage variation during 1968	—7.8	—1.0	—2.9	+7.0	+18.2	+14.8

Note: The figures in brackets relate to 1967.

Poliomyelitis

Age Group	Primary Vaccination (3 doses Sabin oral; 2 injections Salk; or 3 injections quadruple)			Reinforcing Vaccination (4th dose Sabin oral; 3rd or 4th injection Salk; or 4th injection quadruple)		
	By County Medical Staff	By General Practition- ers	TOTALS	By County Medical Staff	By General Practition- ers	TOTALS
Children born 1968	758	2,360	3,118	—	3	3
Children born 1967	767	2,122	2,889	657	2,001	2,658
Children born 1966	36	104	140	840	2,147	2,987
Children born 1965	16	41	57	92	172	264
Children born 1961-64 ...	70	160	230	2,007	4,524	6,531
Others under 16	28	55	83	221	443	664
TOTALS ...	1,675 (1,818)	4,842 (4,971)	6,517 (6,789)	3,817 (3,716)	9,290 (8,241)	13,107 (11,957)
Percentage variation during 1968	—7.9	—2.6	—4.0	+2.7	+12.7	+9.6

Note: The figures in brackets relate to 1967.

Smallpox

Age Group	Number Vaccinated			Number Re-vaccinated		
	By County Medical Staff	By General Practition- ers	TOTALS	By County Medical Staff	By General Practition- ers	TOTALS
Under 1 year	8 (10)	60 (81)	68 (91)	— (—)	— (—)	— (—)
1 year ...	1,372 (1,395)	3,990 (3,672)	5,362 (5,067)	— (—)	4 (3)	4 (3)
2-4 years	163 (161)	455 (382)	618 (543)	5 (6)	55 (60)	60 (66)
5-15 years	13 (12)	109 (128)	122 (140)	818 (531)	2,308 (2,447)	3,126 (2,978)
TOTALS ...	1,556 (1,578)	4,614 (4,263)	6,170 (5,841)	823 (537)	2,367 (2,507)	3,190 (3,044)
Percentage variation during 1968	—1.4	+8.2	+7.7	+53.3	—5.6	+4.8

Note: The figures in brackets relate to 1967.

Measles Vaccination

By letter dated 6th February, 1968 the Ministry of Health notified local health authorities of the acceptance in principle of a recommendation by the Joint Committee on Vaccination and Immunisation that vaccination against measles should be offered to all children who had not been protected by previous vaccination or by an attack of the disease. It was recommended that vaccination should be by one dose of live attenuated measles vaccine given routinely in the second year of life or to susceptible children up to school-leaving age. Because of the limited supply of vaccine, the Ministry of Health asked local health authorities to vaccinate at first only children between the ages of four and seven years. As the supply of vaccine improved, local health authorities were asked to vaccinate children between the ages of two and four years. The following is a summary of the numbers of invitations sent.

Number of invitations sent to parents of children	
between the ages of two and seven years	... 29,999
Number of replies received	... 21,013 (70%)
Of the replies received number of children	
requiring vaccination	... 12,361 (59%)

With an improved supply of vaccine, it was possible in December, 1968 to offer protection to children aged between seven and 10 years. The following table shows the numbers of children, by age groups, who had been vaccinated against measles by the end of the year.

Age Group	By County Medical Staff	By General Practitioners	TOTALS
Children born 1968	—	6	6
Children born 1967	266	926	1,192
Children born 1966	718	2,330	3,048
Children born 1965	667	2,108	2,775
Children born 1961-64	1,704	4,293	5,997
Others under 16	219	57	276
TOTALS	3,574	9,720	13,294

B.C.G. Vaccination

The vaccination against tuberculosis of children aged 13 years and over was continued. The following table shows the numbers of children skin-tested and vaccinated in each of the ten years since 1959.

Year	Number skin-tested	Number positive	Percentage positive	Number negative	Number vaccinated
1959	1,756	250	14.2	1,475	1,471
1960	1,284	120	9.4	1,164	1,158
1961	2,358	192	8.2	2,103	2,097
1962	6,767	656	9.7	5,889	5,863
1963	6,222	483	7.8	5,459	5,430
1964	4,166	250	6.0	3,801	3,765
1965	4,231	294	6.9	3,745	3,632
1966	5,214	350	6.7	4,767	4,731
1967	5,735	502	8.7	5,083	5,033
1968	5,147	299	5.8	4,631	4,591

PART III—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal and Post-natal Care

Details of attendances during the last two years, given below, show that there was a continuing reduction in the volume of work.

	1967	1968
Number of ante-natal clinics provided at end of year	9	8
Number of sessions held a month	31	29
Number of women in attendance:		
(i) for ante-natal examination	1,098	1,008
(ii) for post-natal examination	267	218

Child Health Clinics

The number of child health clinics operating at the end of the year was 45. The total number of children who attended rose by 1,519 compared with 1967. At two clinics an appointment system for the mothers was in operation.

The numbers of children of various ages who attended the clinics during 1967 and 1968 are given below.

1967				1968			
Born in				Born in			
1967	4,231			1968	4,660		
1966	3,811			1967	4,096		
1962-1965	3,629			1963-1966	4,434		
TOTAL ...	11,671			TOTAL ...	13,190		

Weighing Centres

The numbers of children who attended weighing centres during 1967 and 1968 are given below.

1967				1968			
Born in				Born in			
1967	472			1968	712		
1966	514			1967	676		
1962-1965	649			1963-1966	734		
TOTAL ...	1,635			TOTAL ...	2,122		

Health visitors give advice at these centres about infant care to groups which are too small to justify the regular attendance of a medical officer.

The Sheldon Report

By Circular 34/68 dated 3rd October, 1968, the Ministry of Health referred to the report of the Sub-Committee of the Standing Medical Advisory Committee, chaired by Sir Wilfrid Sheldon, which examined the medical functions and medical staffing of child welfare centres.

The Minister agreed with the Sub-Committee's conclusion that there is a continuing need for a preventive service to safeguard the health of children, in which family doctors will play an increasing part in the future, but he recognised that some of the Sub-Committee's recommendations—for example, those about the future of medical staffing and the standardisation of records—had long-term implications and would require further consideration. He nevertheless suggested that authorities may be able to implement some of the more limited aspects of the report and, where this had not already been done locally, appropriate action was taken.

Family Planning Clinics

The next table shows that there were further increases in the numbers of new cases and in the total attendances at the family planning clinics. Of the 2,387 new cases seen in 1968, 1,388 were women for whom pregnancy would have been detrimental to health, and a grant was paid to the Family Planning Association in respect of 1,234 of these women.

Clinic	New cases		Total numbers of women in attendance		Total attendances	
	1967	1968	1967	1968	1967	1968
Bognor Regis	263	217	*	880	1,020	1,666
Chichester	245	258	*	692	1,073	1,805
Crawley and Tilgate	451	590	*	1,955	5,273	5,556
Horsham and Roffey	467	443	*	1,342	3,351	3,623
Hove	81	—	*	—	684	—
Littlehampton	—	63	*	137	—	295
Midhurst	37	27	*	136	261	295
Shoreham-by-Sea	84	154	*	237	218	499
Worthing	522	635	*	1,456	3,690	3,753
TOTALS	2,150	2,387	*	6,835	15,570	17,492

* Not available.

The last Report gave details of the pilot clinics which were to be opened at Crawley and Bognor Regis where advice would be available to unmarried women regardless of whether they had children or not. By the end of the year, 29 women had sought advice at Bognor Regis and 140 at Crawley.

Mothercraft and Relaxation Classes

Mothercraft and relaxation classes for expectant mothers and classes in post-natal exercises were held at the eight centres shown in the following table which also gives particulars of the numbers of attendances made in 1967 and 1968. Physiotherapists took charge of some of the classes; others were run by midwives or health visitors.

Area	Sessions held	Total number of attendances	
		1967	1968
Bognor Regis	Weekly	339	334
Chichester	Weekly (a)	1,655	1,696
Crawley	Weekly	759	755
Horsham	Weekly	1,549	1,860
Langley Green	Weekly (b)	81	—
Roffey	Weekly	248	305
Selsey	(c)	15	108
Shoreham-by-Sea	Weekly	211	176
Worthing	Weekly	214	307
TOTALS ... ..	...	5,071	5,541

- (a) One mothercraft and two relaxation classes each week.
- (b) Weekly from 1st January to 1st March, 1967.
- (c) As required; only three sessions during 1967.

Welfare Foods

At the request of the Ministry of Health, the Council continued to arrange the distribution of welfare foods to expectant and nursing mothers and children under five years of age. A total of 92 distribution centres were in operation at the end of the year; 12 of these were main centres situated in the towns and 80 were sub-centres at clinics, private houses and local stores. The Women's Royal Voluntary Service were responsible for the distribution of the foods at main centres (eight of which are on their premises) and at 21 sub-centres.

By Circular 11/68, dated 27th March, 1968, the Ministry of Health drew attention to the *Welfare Foods Order 1968* which came into effect on 31st March, 1968. The Order re-enacted with amendments the Orders relevant to the administration of the welfare foods scheme, the principal changes being as follows: —

- (i) The price of liquid milk supplied under the scheme to beneficiaries was increased from 4d. to 6d. a pint;
- (ii) the issue of free milk tokens was extended to beneficiaries in families in special circumstances, defined by reference to criteria employed by the Ministry of Social Security in the payment of benefit;
- (iii) the provision for welfare milk to be supplied free was extended to all but two of the beneficiaries in large families (i.e. those containing three or more beneficiaries); and
- (iv) provision was made for the obligations of the supplier in respect of lost tokens.

The Ministry require the County Council to account separately for the various types of tokens and the attention of the Ministry was drawn to the additional work involved in the laborious process of checking tokens from the 92 distribution centres in the County.

The following table shows the quantities of welfare foods issued to beneficiaries during the year.

<i>Year</i>	<i>National dried milk (tins)</i>	<i>Cod liver oil (bottles)</i>	<i>Vitamins A and D tablets (packets)</i>	<i>Orange juice (bottles)</i>
1968	20,415 (393)	4,939 (94)	4,784 (92)	111,713 (2,148)

Note: The figures in brackets indicate average weekly distribution.

The decline in the sale of foods continued throughout the year; their total value was £10,723 which was some £1,500 less than in 1967.

The volume of sales has now fallen to a level at which it is clearly an uneconomic use of staff time and a waste of voluntary effort to continue present methods of distribution.

Proprietary Foods

Infant proprietary foods were sold at child health centres throughout the County at cost price plus a ten-per-cent handling charge. The cost of purchases rose slightly from £5,297 in 1967 to £5,356 in 1968.

Care of the Unmarried Mother and her Child

Financial aid was given by the Council towards the funds of the Chichester Diocesan Moral Welfare Association and the Southwark Catholic Children’s Society who undertake the care of unmarried mothers in West Sussex through their own officers working in cooperation with the County nursing staff. A small financial contribution was also made in support of the work of the National Council for the Unmarried Mother and her Child.

During the year the Chichester Diocesan Moral Welfare Association dealt with 301 new applications for assistance and the Southwark Catholic Children’s Society with 21, compared with 289 and 26 respectively in 1967. Cases referred to the Department for financial assistance towards the maintenance of unmarried mothers at mother and baby homes numbered 65, six fewer than in 1967.

Congenital Malformations

There were 121 births (including 20 stillbirths) in which a congenital malformation was observed and entered on the birth notification card, 30 more than in the previous year. The total number of congenital malformations described was 143.

Dental Care

A total of 628 expectant and nursing mothers and young children were examined; 350 required treatment and 220 courses of treatment were completed.

The rate for decayed, missing and filled teeth per child between four and five years of age increased from 3.8 in 1967 to 4.3 in 1968.

Information on the dental care of school children is given in Part IX of the Report.

Midwifery

During the year, 276 midwives notified their intention to practise, of whom 185 were employed by hospital management committees. On 30th September, 1968 a whole-time equivalent of 28.5 midwives were employed by the County Council (18 whole-time and 45 part-time). This was a reduction of three whole-time and 11 part-time midwives in the year.

The increase in the number of hospital deliveries continued; of the total number of 6,470 births, 5,689 (88 per cent) were delivered in hospitals and 781 (12 per cent) were home confinements. Of the latter number, a doctor was not booked in only six cases compared with nine in 1967. In 1968, 135 women who were booked for home confinement had to be delivered in hospital. Medical aid was summoned by domiciliary midwives on 94 occasions, four more than in 1967.

The Crawley scheme in which the County Council's midwives deliver their own cases in the general practitioner unit at Crawley Hospital continued and 178 (11 fewer than in 1967) were delivered under these arrangements. Under a similar scheme at Worthing Hospital, 148 women were delivered in 1968, 68 more than in the previous year.

Maternal Deaths

There were two deaths in the County attributable to childbirth and they were both investigated by the Department and by the Ministry of Health in cooperation with the family doctors and the hospitals concerned.

In the first case, death was due to a malignant condition which in the pathologist's opinion would have caused death shortly and the pathologist considered that the pregnancy and stress of delivery served only to cause death earlier than it might otherwise have occurred. In the second case, death occurred 17 days after delivery, as a result of a pulmonary embolism due to pelvic vein thrombosis.

Health Visiting

Particulars of the staff employed are given in the table on page 100. Seven students received training; of these, four successfully completed the courses, two were still in training at the end of the year and one failed to pass the health visitor's examination. Eight students from the University of Surrey and Brighton Technical College were seconded to work under the supervision of health visitors in the County. Four students from the University of Surrey, Ewell Technical College and Croydon Technical College spent one week with health visitors in rural areas.

Details of the main types of cases visited by health visitors during the year are given below.

<i>Type of case</i>					<i>Number of cases visited</i>	
Children born in 1968	...	...	...	...	6,971	
Children born in 1967	...	...	...	...	7,654	
Children born in 1963-1966	...	...	...	...	14,596	
					1967	1968
Children under the age of 5 years	...	...	...	...	28,210	29,221
Persons aged 65 or over	...	...	...	...	5,579 (2,492)	7,050 (3,607)
Mentally disordered persons	...	...	...	...	171 (136)	252 (167)
Persons discharged from hospital other than maternity or mental cases	...	...	...	...	566 (391)	807 (552)
Tuberculous households visited	...	...	...	...	117	74
Households visited on account of other infectious diseases	...	...	...	...	145	74

Note: The figures in brackets denote the number of persons visited at the special request of a general practitioner or hospital.

It will be seen that there were increases in all categories visited, with the exception of patients suffering from tuberculosis and from other infectious diseases. It is particularly gratifying to see the increase in visits to old people; with the realisation that this group has medical-social problems at least as great as those of the young, this trend is likely to continue.

In addition to the visits shown above, 6,625 visits were made for the purpose of following-up women who had either failed to reply to, or had refused, invitations to use the cervical cytology and breast examination facilities.

PART IV—PREVENTION OF ILLNESS, CARE AND AFTER CARE

Health Education

The health education staff gave 603 talks to a total estimated audience of 34,000 people. Films shown numbered 419 and there were 991 loans of visual aids for illustrating talks. Health visitors attended the following health education sessions.

	1967	1968
Ante-natal, mothercraft and relaxation classes	261	326
Mothers' clubs	198	164
Schools	241	265
Youth clubs	52	46
Others	139	234
TOTALS	891	1,035

The annual refresher course for nurses was again held at the Council's residential conference centre at Lodge Hill, Pulborough.

There was a considerable increase in the demand for instruction in public health technical subjects, and 61 lectures and demonstrations were given by the county public health inspectors. Most of these formed part of in-service training to local government employees including public health inspectors, ambulance and school meals staff, home helps, teachers and school caretakers. Lectures were also given to student nurses.

Medical Arrangements for Long Stay Immigrants

By Circular 8/68 dated 1st March, 1968 the Ministry of Health drew attention to the *Commonwealth Immigrants Act 1968* which received the Royal Assent on 1st March, 1968 and which provided new powers to control immigration from the Commonwealth. In particular, the Act implemented paragraph 30 of the White Paper on Immigration from the Commonwealth which read: —

“The Government have now decided that an additional power should be taken so that at the discretion of the immigration authority any immigrant, including dependants, may be medically examined before entry and may be required as a condition of entry to this country to report to a medical officer of health with a view to necessary medical treatment being arranged.”

Powers were not taken to apply to immigrants measures of compulsion which do not apply to the general public in the matter of accepting medical treatment. If an immigrant refuses to accept treatment he is in the same position as any other member of the public.

During the year the Department received 298 advice notes, compared with 230 in 1967, about immigrants who had given destination addresses within the County. All but one came from European or Commonwealth countries. The health visitors were unable to trace 17 of the new arrivals and the port medical officers were informed accordingly.

Chest Clinic Statistics

The details in the next table were supplied by the chest physicians and give an account of the work of the chest clinics. At the end of the year, the total numbers of patients on the registers of the clinics in the four areas showed a reduction of 40 (392 compared with 432 in 1967). Of the new patients first examined, 24 (26 in 1967) were found to be suffering from tuberculosis.

	<i>Chest Clinics</i>			
	<i>Chichester</i>	<i>Crawley</i>	<i>Horsham</i>	<i>Worthing</i>
1. Population of area served ...	158,410	67,000	54,240	193,370
2. Patients on register on 1.1.68 ...	231	89	64	48
3. Additions to register:				
(a) New notifications ...	12	5	4	6
(b) Moved into area ...	4	4	2	5
(c) Restored to register ...	—	—	1	—
4. Removed from register:				
(a) Recovered ...	50	—	1	9
(b) Left area or lost sight of	8	2	1	—
(c) Died ...	8	—	—	4*
5. Patients on register on 31.12.68	181	96	69	46
6. Number of new patients found to be tuberculous ...	11	3	4	6
7. (a) Contacts examined, including those of 6 above ...	101	25	24	70
(b) Of these, number found to be tuberculous ...	1	2	—	1

* Two only from tuberculosis.

Discharge from Hospital

The arrangement described in the 1964 Report whereby hospitals notify the Department of patients who are to be discharged and who need the domiciliary services of the Department continued during the year. The requests, which totalled 385 (59 fewer than last year), were mainly for the services of a home nurse and in 13 cases requests were for more than one service.

County Almoners

There were 1,129 new referrals and a total of 1,582 patients and their families were visited and advised. In addition there were over 300 consultations with general medical practitioners, health visitors and others where direct work with the patients was not needed. There was an increased number of direct applications for advice about the care of elderly and infirm relatives. With many of these problems the statutory services were unable to provide a solution either because of shortage of accommodation or because of the special needs of the individuals concerned; those in the middle income group were often faced with the most difficulties.

Patients suffering from cancer figured high among those referred and they and their families needed supportive help over long periods. The National Society for Cancer Relief and the Marie Curie Memorial Foundation again contributed generously to their needs both at home and by assisting with nursing home fees. Grants from these bodies totalled £4,227 and £983 respectively. From March, 1968 the work of the Care Committees for chest patients ceased to be administered by the Sussex Rural Community Council; an independent Committee (largely dependent upon the Community Council's Christmas seal sale for income) was established for each area. The number of patients helped with extra nourishment, fuel, special needs, occasional outings and other comforts showed a continuing need for this type of voluntary help, especially for chronic bronchitic patients.

Recuperative holidays were arranged for 117 patients. One which merits special mention was arranged for a patient severely disabled with poliomyelitis who spends her life in a negative-pressure respirator. Arrangements were made for her to stay at a seaside hotel where a suite, specially adapted, was put at her disposal. She was accompanied by both her parents so that they could look after her. This was the first holiday they had been able to spend together and it involved most careful planning by all concerned.

Occupational Therapy

A general account of the work was given in earlier editions of the Report.

			1967	1968
Number of new patients	...	...	19	6
Number of patients visited	...	...	96	94
Number of visits made	...	...	742	783
Value of materials sold to patients	...	...	£342	£391

The occupational therapist resigned her appointment towards the end of the year and arrangements were made for her work to be transferred to the Welfare Department.

Home Help

At the end of the year, the organising staff comprised the County Home Help Organiser, three area organisers and seven assistant organisers (one whole-time and six half-time) based, as in previous years, at Chichester, Horsham and Shoreham-by-Sea. The delegated area of Worthing had one organiser, one full-time assistant and a new appointment of a half-time assistant organiser. A welfare assistant was appointed as a trainee organiser and arrangements were made for her to take the training course for home help organisers run by NALGO in conjunction with the Institute of Home Help Organisers. The Organisation and Methods Unit carried out a thorough survey of the service during the year; this proved to be of great value in assessing present and future requirements.

At the end of the year, 465 home helps (12 more than in 1967) were employed and worked a total of 403,711 hours, 6,472 more than last year. The policy of allowing home helps to use their own cars in areas where public transport was inadequate was continued. Another mobile unit was purchased and equipped.

Six three-day training courses for home helps were held during the year at various centres. Because of the interest created by these courses, two additional two-day courses were provided which covered a wider range of the Department's activities.

The number of persons helped rose from 3,922 in 1967 to 4,259 in 1968, an increase of 8.6 per cent; persons helped who were over the age of 65 years rose by 17.5 per cent. There was a small decrease in the use of the neighbourly help scheme; 69 persons received help compared with 74 in 1967.

Category				Number of Persons Helped				
				1964	1965	1966	1967	1968
Aged 65 years and over	...			2,635	2,970	3,135	3,277	3,607
Chronic sick and tuberculous	...	Aged under 65		174	143	156	160	193
Mentally disordered				12	14	11	15	13
Maternity	...			163	201	161	145	134
Others	... ..			358	276	308	325	312
TOTALS	... ..			3,342	3,604	3,771	3,922	4,259

Chiropody

Particulars of the staff employed are given in the table on page 100. Considerable difficulty was experienced in filling a vacancy which occurred in the Bognor Regis area in April, 1968, and this post remained vacant at the end of the year. The staff establishment was increased by two posts but neither of these could be filled. These problems resulted in a curtailment of service in Bognor Regis and less use of the mobile unit in the surrounding rural areas.

In an endeavour to improve recruitment, approval was obtained for chiropodists employed by the County Council

- (i) to undertake additional work in the evenings and on Saturday mornings at the sessional rate of remuneration; and
- (ii) to practise privately outside the area in which they work for the County Council on the same terms as apply to medical and dental officers.

Authority was also given for the recruitment of part-time staff on a sessional basis subject to the total sessions worked not exceeding the whole-time equivalent of the vacant posts and to this arrangement ceasing as soon as it became possible to recruit whole-time staff. In order to improve long-term recruitment prospects, it was decided to sponsor the secondment of one suitable candidate each year for three successive years for the three-year course leading to eligibility for membership of one of the societies recognised under the *Professions Supplementary to Medicine Act 1960*.

The number of treatments given since the inception of the directly-provided service in May, 1962 is given in the next table. The charge for clinic and domiciliary treatment was increased to four shillings from 1st April, 1968.

Year	Treatments			
	Clinic	Domiciliary	Total	Percentage free
1962*	2,081	—	2,081	43
1963	5,633	—	5,633	43
1964	8,393	211	8,604	39
1965	11,099	1,928	13,027	39
1966	14,925	1,996	16,921	35
1967	17,394	2,017	19,411	35
1968	18,610	3,418	22,028	32

*Eight months only.

In addition, chiropody was undertaken by 13 voluntary organisations, each of which received financial support from the County Council. These organisations gave 1,963 treatments at 276 sessions.

The Care of the Elderly

The Council continued to share with the South West Metropolitan Regional Hospital Board the services of two consultant physicians in geriatric medicine. Thanks are again due to them for all they were able to achieve during the year for the elderly and infirm, often with inadequate resources. Dr. J. N. Mickerson of Chichester reports

“There is still a shortage of welfare accommodation and this aggravates an even greater shortage of geriatric beds in the Chichester group of hospitals. It is rare for a straight admission from hospital to welfare home to occur. Only the goodwill of the Welfare Department and hospital staffs with arrangements to exchange ‘patients’ enables a reasonable working basis to be obtained.

Unfortunately extra geriatric accommodation in the new district hospital has been arranged for the last phase of building and the shortage of geriatric hospital beds is likely to continue for the next five years.”

The pressure on the geriatric services in the Worthing area for which Dr. R. B. Franks was responsible remained great as will be seen from the statistical summaries upon which Dr. Franks has made the following comments.

“The hardship suffered by patients and their relatives is very great indeed. In the domiciliary field the burden placed on the general practitioners, health visitors, district nurses and home helps is correspondingly increased. The same is true of all the other ancillary services organised by the County and Borough Councils and by the many voluntary associations.

The simple explanation of this situation is that since 1962 there has been in the group area an increase of population of 16,580, the vast bulk of these being elderly, but no extra geriatric beds have been provided to deal with this increase. It must be accepted that the situation will get worse before it gets better.

I mentioned in my last annual report that the Regional Hospital Board had started planning to develop on the Worthing Hospital site. During 1968, to our great joy, the Board was able to announce that it now had under way a much more ambitious development plan. The first phase of this now includes 280 beds and a 60-place day hospital for geriatric and other patients. Around one-half of the beds will be for geriatric patients. This phase I building programme should be completed by 1973 and will make a major contribution towards the medical care of the community, both young and old. Speed the day of completion!”

								1967	1968
Applications:	Male	...	...	...	...	...	...	275	293
	Female	...	...	...	...	...	...	553	557
TOTALS								828	850
Domiciliary assessment visits by consultant or medical assistant								674	676
Average number of hospital beds available for the year								256	255
Admissions from waiting list								408	445
Discharges home or to private or welfare accommodation (Short-stay discharges included in this figure)								193 (96)	198 (101)
Transfers to geriatric beds in other groups								7	4
Transfers to mental hospital								1	1
Transfers to acute hospital beds								9	14
Deaths in hospital								214	228
Total of discharges, transfers out and deaths								424	445
Discharges, transfers out and deaths per available bed per year								1.7	1.8
Average length of stay in hospital in months								7.3	6.9
Geriatric outpatients seen in clinics								204	185

The next table shows the numbers of patients on the waiting lists at the end of 1967 and 1968.

<i>Type of List</i>		<i>Males</i>	<i>Females</i>	TOTALS
A*	...	23 (18)	100 (99)	123 (117)
B†	...	8 (5)	41 (36)	49 (41)
Short Stay	...	4 (8)	13 (14)	17 (22)
Other Hospital Groups	...	1 (1)	2 (4)	3 (5)
TOTALS	...	36 (32)	156 (153)	192 (185)

*In need of admission.

†Can be nursed at home or in a nursing home for the time being.

Note: The figures in brackets relate to 1967.

Reference was made in the last Report to the non-therapeutic clinics started at Littlehampton and Bognor Regis for the medical examination and advice of elderly persons; both these clinics continued during 1968. Dr. F. Cockcroft of Littlehampton reports

“The numbers are down on the previous year because there were no applicants for quite a long period during the early part of 1968. Subsequently news got around the bridge clubs in Rustington and quite a number came from this source and a number of others came from the chiropody clinic. To my knowledge only one came as a direct suggestion of a general practitioner.

The following table shows, by age groups, the numbers who attended.

<i>Age</i>	<i>Males</i>	<i>Females</i>	<i>TOTALS</i>
Under 60	1 (—)	2 (—)	3 (—)
60–69 ...	6 (13)	27 (52)	33 (65)
70–79 ...	6 (19)	10 (17)	16 (36)
80–90 ...	1 (—)	— (—)	1 (—)
TOTALS ...	14 (32)	39 (69)	53 (101)

Note: The figures in brackets relate to 1967.

The general practitioners have been very cooperative and take up all the suggestions which I have made. Many of the people who attended really came along for reassurance about their health and this was one of the greatest benefits which many of them received.

At a combined meeting of the Research and Welfare Groups of the Society of Medical Officers of Health held in November, 1968, anaemia in the elderly was one of the subjects under discussion and the average levels of haemoglobin in two different surveys were given as 13.9g. and 13.6g. for males and 13.2g. and 13.1g. for females. It was suggested that anything below 12g. was indicative of anaemia. On this basis there were 12 cases of anaemia — 10 females and two males — and one of the females was severely anaemic. The average haemoglobin levels found in those I saw were 13.7g. for males and 12.8g. for females.

Many of the people attending were receiving chiropody treatment and hallux valgus was the commonest deformity of their feet. Those who were not attending and needed treatment were referred to the chiropodist.

Only one referral for a deaf aid was necessary. Several needed dental treatment. Other defects which were common were oedema of the feet, early signs of cataract, obesity, arthritis and arteriosclerosis. Low temperature was common in many cases and one man had a temperature of 94 — he complained of always feeling cold.”

Dr. D. Warren Browne describes the work of the Bognor Regis clinic in the following report.

“Because of other pressing commitments, only 40 persons were examined at the clinic, which was held each Tuesday between 10.30 a.m. and 12.30 p.m. Without exception, the patients attended on the recommendation either of the chiropodist or of friends who had themselves attended previously.

<i>Age</i>	<i>Males</i>	<i>Females</i>	<i>TOTALS</i>
50–59 years	2 (1)	4 (1)	6 (2)
60–69 years	10 (11)	19 (20)	29 (31)
70–80 years	2 (7)	3 (6)	5 (13)
TOTALS	14 (19)	26 (27)	40 (46)

Note: The figures in brackets relate to 1967.

These 40 subjects were by no means representative of their age groups; they were all relatively active and pursuing various interests and hobbies. Most were house-owners and the majority had lived in the area for only seven years or less.

Disabilities brought to light included urinary infections, skin disorders, and mild vitamin deficiencies. Diminution in height, varying from $\frac{1}{2}$ " to $2\frac{1}{2}$ " was an almost constant finding and probably accounted for at least some of the rheumatic-like aches and pains. Inability to rotate the neck beyond 45° was a frequent finding and, when this was accompanied by defective hearing, it put the subjects to added risk when crossing roads with much traffic.

Experience gained from this clinic and from elsewhere reinforces my opinion that similar screening at the age of 40 to 45 years, especially for males, would in the long term prevent or ameliorate some of the disabilities of old age. Conditions such as high blood pressure, obesity, loss of muscle tone, urinary infections, may, if discovered and treated at this earlier age, be prevented from causing permanent ill-health after retirement."

Home Nursing

Staff

Particulars of the staff employed are given in the table on page 100. The integrated scheme of practical district training for pupil nurses from Crawley Hospital continued during the year and eight nurses completed their training. Training for the National Examination for District Nurse Training commenced at Brighton under the supervision of five Sussex local health authorities and four state registered nurses completed the course during the year.

As a first step to introducing elsewhere in the County the successful rehabilitation work pioneered at Shoreham-by-Sea, a two-day course in rehabilitation nursing was held with the assistance of the physiotherapy department of St. Thomas's Hospital, London.

A new uniform was introduced during the year for home nurses and midwives, which included a suit and overcoat in "French blue". It is understood that two other county authorities have adopted a uniform of a similar style and colour.

Work Undertaken

The number of patients treated and the visits paid during the past two years are given below.

	1967	1968
Total number of persons nursed during year	13,195	13,598
Number of persons under 5 years ...	413	319
Number of persons over 65 years ...	8,358	9,290
Total number of visits	328,203	343,281

It will be seen that there were increases in the number of patients treated and in the total number of visits paid. The percentage of patients visited who were over the age of 65 years increased to 68 per cent from 63 per cent in 1967.

Night Nursing

The difficulty experienced in 1967 in recruiting staff willing to undertake occasional night nursing continued in 1968. At the end of the year, only one male and three female nurses were available.

Applications for the services of a night nurse numbered 11. Of these, five were cared for by nurses employed by the Department and the remainder by nurses employed by nurses agencies, the cost being borne by the County Council.

Equipment

There were further increases in the equipment available and in the number of items lent. Several new and existing manufacturers in the field of home nursing appliances offered improved types of walking aids, commodes and hydraulic hoists.

The responsibility for the provision of wheelchairs for the elderly or substantially handicapped rests with the Department of Health and Social Security; wheelchairs supplied by the Council are normally issued for a period not exceeding six months. The present procedure requires a consultant's recommendation before a wheelchair is issued by the central Department. Delays occur in the arrival of the chairs supplied through the Department of Health and Social Security and experience has shown that they are not always suitable; the result is that wheelchairs lent temporarily by the County Council are often retained by patients for much longer than six months.

The County Councils Association were accordingly invited to suggest to the Department of Health and Social Security that the procedure regarding the issue of wheelchairs from that Department should be revised. A reply which the Association received in August, 1968 restated the view that the present procedures were not in need of any urgent change.

The British Medical Association subsequently published a report which, *inter alia*, criticised the existing system for the issue of wheelchairs and it was thereupon suggested to the County Councils Association that a pilot scheme should be introduced in West Sussex which, in certain circumstances, would enable general medical practitioners and/or medical officers of the local health authority to prescribe wheelchairs. This suggestion was accepted by the County Councils Association and at the end of the year a reply was awaited from the Department of Health and Social Security to whom the suggestion was referred by the Association.

For equipment maintenance, an oxy-acetylene welding outfit and a pipe-bending machine were bought. These two items enabled 17 bed cradles to be made by the driver/handyman, who has engineering experience. The cost of a bed cradle purchased from commercial manufacturers was £2 4s. whereas the material and labour cost of a cradle made in the Department was 12s. 11d. The welding equipment also enabled modifications and repairs to be made to bathrail clamps and wheelchairs and also facilitated the construction of four fixed-height bed elevators.

The issues of equipment exceeded collections. No fewer than 3,788 items were issued in 1968 compared with 3,520 in 1967. Collections were 2,551 in 1968 and 2,286 in 1967. The increase in the number of issues in 1967 compared with 1966 was 35.8 per cent; in 1968 compared with 1967 it was 7.3 per cent. Just over three times as many issues were made in 1968 as in 1964.

<i>Article</i>	<i>Stock</i>		<i>Number of issues</i>		<i>Article</i>	<i>Stock</i>		<i>Number of issues</i>	
	1967	1968	1967	1968		1967	1968	1967	1968
Back rests ...	145	187	196	165	Helping hands ...	73	131	28	48
Bath boards ...	53	104	18	49	Hoists:				
Bath mats ...	276	482	163	235	Hydraulic ...	26	28	47	44
Bath safety rails ...	186	331	132	234	King ...	21	21	3	2
Bath seats ...	227	347	229	276	Inflatable mattresses ...	19	23	7	11
Beds ...	68	86	81	93	Mattresses ...	84	96	94	99
Bed blocks ...	50	86	54	79	Poles and chains	33	42	47	53
Bed cradles ...	156	211	237	191	Sanicushions ...	14	16	1	2
Bed ladders ...	68	68	21	11	Sanitary pushchairs ...	9	9	4	11
Bed pans ...	149	176	117	98	Seat aids ...	21	41	26	25
Commodes ...	420	525	604	592	Toilet seats (raised) ...	45	69	29	40
Crutches ...	125	133	93	117	Urinals ...	159	195	88	72
Dunlopillo rings	274	364	225	179	Walking aids:				
Ejector seats ...	15	16	9	10	Sticks ...	260	348	171	160
Exercycles ...	3	3	1	—	Frames ...	356	463	346	389
Fracture boards ...	46	64	33	38	Wheelchairs ...	314	331	416	465

Population Screening Surveys

A distinguished Working Group, brought together by the Nuffield Provincial Hospitals Trust, reviewed and published the evidence for the screening of healthy people in order to detect various diseases*. They examined 10 screening procedures and they concluded that in only four were the grounds for screening adequate; these were tests for deafness in childhood, phenylketonuria, rhesus haemolytic disease of the newborn and pulmonary tuberculosis.

Screening procedures which failed to survive critical, expert scrutiny were those for iron deficiency anaemia, breast cancer, cervical cancer, bacteriuria in pregnancy, diabetes mellitus and glaucoma. In each of these six procedures the Group concluded that evidence is seriously deficient in respect of one or more of the following: the natural history of the disease; methods of diagnosis and treatment; operational problems; and assessment of benefits and costs.

* Screening in Medical Care. Reviewing the Evidence. A Collection of Essays. Published for the Nuffield Provincial Hospitals Trust by the Oxford University Press. 1968.

The Group put forward cogent arguments for the establishment of an expert advisory committee, independent of Government, to review continually the complex field of population screening and, as Lord Cohen of Birkenhead commented in a Preface to the Group's report:

"Weight is added to this need by two facts; firstly, that premature introduction of a screening process may make more difficult, or indeed prevent, the obtaining later of essential knowledge based on adequate fundamental and controlled clinical research; and secondly, that public ignorance, or imperfect understanding, of the problems involved may lead to pressure on Government to provide a screening service before a comprehensive assessment of its worth, based on valid information, becomes available. In either case, through lack of proper 'intelligence' machinery, public funds can be, and it seems may already have been, diverted from fields of certain benefit to procedures which are not proved and possibly harmful."

Phenylketonuria

Babies continued to be tested for phenylketonuria at the age of six weeks; no cases were found in 1968.

Cancer of the Breast and Cervix

The computer-assisted arrangements which commenced in July, 1967 were fully described in a paper reproduced at Appendix C of the last Report. The clinics at Chichester and Crawley continued to operate throughout the year and, as the capacity of the regional laboratory at Carshalton increased, other clinics were started at Lancing (from 8th May, 1968), at Littlehampton (from 25th July, 1968), and at Bognor Regis (from 23rd October, 1968). From 6th November, 1968 the Department assumed responsibility for issuing computer-initiated invitations to women living in Worthing to attend an existing clinic at Worthing Hospital sponsored (with financial assistance from the County Council) by the Worthing and District Cytology Service. In all these areas, women had the option of being examined either by a lady doctor at a clinic or by their own general medical practitioner.

With a computer-assisted scheme of this kind, which caters not only for the routine invitation to examination of all women whose names appear on the electoral registers but also provides for the systematic follow-up by health visitors of those who decline or ignore invitations, a high consent rate was expected. It was nevertheless considered that the preliminary consent rate of 83.2 per cent which resulted from the first six months' experience of the scheme in 1967 may have been exceptional. This satisfactory performance was however continued in 1968 when, as will be seen from the table on page 48, a consent rate of 84.0 per cent was achieved, a rate which is better than has so far been reported from population screening programmes elsewhere.

In March, 1968 a weekly analysis of the results of the follow-up enquiries made by health visitors was instituted and experience thereafter showed that consents were obtained from 9.3 per cent of women who were not sufficiently interested to seek an examination in response to the initial invitations to do so. These women tend to be in the lower social classes and are known to be at greater risk. The fact that so many of them were persuaded to be examined reflects great credit on the skills of the health visitors; although the work was certainly demanding, it was nevertheless worthwhile.

POPULATION SCREENING FOR CANCER OF THE BREAST AND CERVIX: 1968

Table A Response to Invitations		Bognor Regis		Chichester		Crawley		Lancing		Littlehampton		Worthing		TOTALS
1.	Invitations sent ...	...	3,111	3,942	8,900	4,709	4,722	3,872	29,256				
2.	Less: Replies not received ...	...	1,269	519	1,993	1,182	1,368	1,343	7,674				
3.	Replies received ...	...	1,842	3,423	6,907	3,527	3,354	2,529	21,582				
4.	Less: Already examined ...	...	86	290	1,007	414	336	408	9,393				
5.	Dead or left area...	...	138	327	458	205	315	112						
6.	Over 70 years ...	...	103	253	224	511	443	61					
7.	Awaiting follow-up ...	...	673	340	420	603	778	888					
8.			1,000	1,210	2,109	1,733	1,872	1,469						
9.	Consents and refusals ...	...	842	2,213	4,798	1,794	1,482	1,060	12,189				
10.	Less: Refusals after follow-up...	...	29	544	785	387	185	14	1,944					
11.	Consents ...	...	813	1,669	4,013	1,407	1,297	1,046	10,245				
12.	Percentage of consents ... (i.e. line 11 as percentage of line 9)	...	96.6	75.4	83.6	78.4	87.5	98.7	84.0					
Table B Consents — Age Groups and Service Choice		Family Doctor		Clinic		Family Doctor		Clinic		Family Doctor		Clinic		TOTALS
Under 35 ...	...	72	238	175	534	143	189	92	2,644				
Over 35 ...	...	170	892	364	743	156	365	150	7,601				
TOTALS ...	...	242	1,130	539	1,277	299	554	242	10,245				
Table C Examinations Carried Out		Family Doctor		Clinic		Family Doctor		Clinic		Family Doctor		Clinic		TOTALS
Breast only	—	117	18	150	—	150	85	39	19	20	—	555	
Cervix and breast	—	1,071	149	2,000	—	2,000	655	473	151	135	—	5,174	
TOTALS	—	1,188	167	2,150	—	2,150	740	512	170	155	—	5,729	

The tables on page 48 give a summary of the work done during the year. Table A gives particulars of the response to the invitations sent to women living in the six areas of the County where the service operated. Table B shows the areas in which the consenting women lived, their age groups (on the advice of the Department of Health and Social Security those under the age of 35 years are not at present being offered appointments), and their choice of service source. Table C gives a summary of the examinations carried out.

The Department was approached by the Medical Research Council who, in conjunction with the London School of Hygiene and Tropical Medicine and with financial support from the Department of Health and Social Security, proposed that a research study should be undertaken in certain areas of the County aimed at determining the acceptability to women of the self-irrigation pipette technique. At the end of the year, the system-design work was nearing completion.

Results

On clinical examination 75 women were found to have minor gynaecological conditions and were referred to their family doctors for further investigations and treatment if necessary. Clinical examination of breasts showed unsatisfactory results in 89 cases. At the time the Report was prepared, follow-up of these women through their doctors showed that in 26 cases no abnormality was found on further examination, 15 merely had a simple condition, eight were suffering from carcinoma of the breast and 40 were still under investigation.

Laboratory examination of the cervical smears revealed that 159 women had minor vaginal infections and they were all referred to their doctors for advice and treatment. In 30 cases the laboratory findings were suspicious and seven were positive. The table below gives an analysis of the further investigations that had been completed when the Report was prepared.

<i>Results of further investigation</i>						<i>Cytological Diagnosis</i>	
						<i>Positive</i>	<i>Suspicious</i>
Invasive carcinoma of cervix	...	...	...	...	...	2	2
Carcinoma-in-situ	...	...	...	...	...	1	7
Cervical epitheleal dysplasia	...	...	...	...	...	—	1
Carcinoma body of uterus...	...	...	...	...	...	—	1
Inflammation	...	...	...	...	...	—	2
Repeat smear normal	...	...	...	...	...	—	4
Still under investigation	...	...	...	...	...	4	13
TOTALS	...	...	...	...	...	7	30

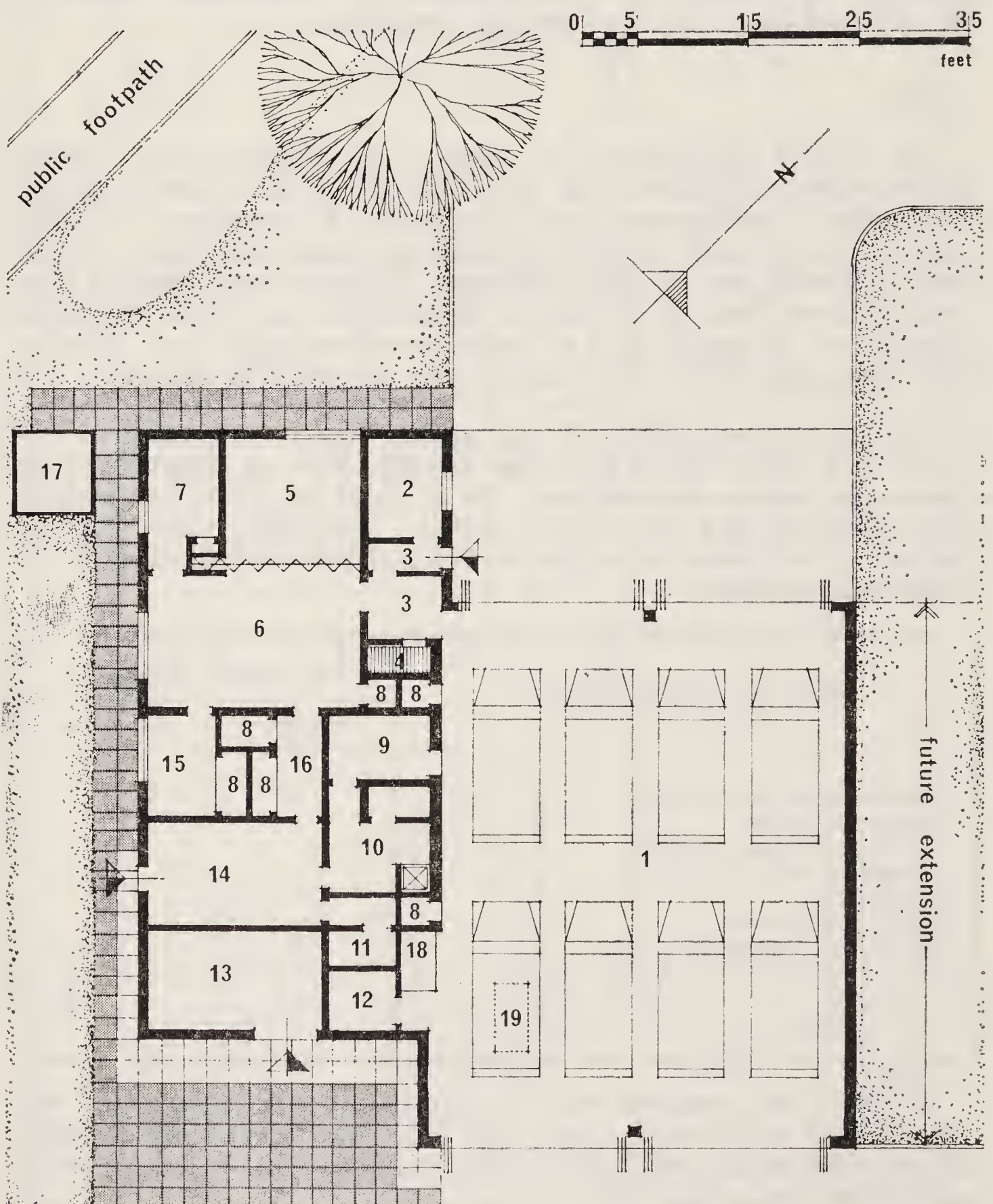
In two cases treatment was by cone biopsy and radiotherapy and two received radiotherapy alone. Six cases underwent hysterectomies, and two were on the waiting list for this operation. In two cases a cervix amputation was carried out.

MORSHAM

AMBULANCE STATION

GROUND PLAN

- | | |
|--------------------|-----------------------------|
| 1. garage | 8. store |
| 2. area officer | 9. sluice room |
| 3. lobby | 10. male lavatory |
| 4. linen | 11. female lavatory |
| 5. lecture room | 12. oil & tool store |
| 6. duty room | 13. bicycle & general store |
| 7. station officer | 14. locker room |
| | 15. kitchen |
| | 16. corridor |
| | 17. pump house |
| | 18. workbench |
| | 19. pit |



PART V—AMBULANCE SERVICE

Development

The new station at Hurst Road, Horsham came into operational use on 11th April, 1968; a sketch plan of the building is shown on page 50. In the annual review of the capital development programme the replacement station at Crawley was deferred from 1969/70 to 1970/71.

A surplus civil defence signals vehicle was purchased from the Home Office; when adapted it will be used as an ambulance control vehicle at major accidents and also for the conveyance of equipment on such occasions.

The Hospital Car Service was renamed the Ambulance Car Service.

Statistics

The tables in this Part of the Report show that there were increases both in the number of patients conveyed and also in the mileage travelled by ambulances; these increases were however offset by reductions in the work done by ambulance cars. The increased ambulance mileage was again due to some patients being conveyed for longer distances by road and to the fact that more patients requiring transport attended hospitals as out-patients.

The total number of patients conveyed in 1968 compared with 1967 increased by 7,270, and the total distance travelled decreased by 13,420 miles. The average mileage per patient conveyed by ambulance was 6.5 compared with 6.7 in 1967. Accident and emergency cases rose from 4,981 in 1967 to 5,302 in 1968 (an increase of 6.4 per cent), and accounted for 4.3 per cent of all patients conveyed; the comparable figure in 1967 was 4.4. Patients conveyed by rail for part of their journey numbered 774, which was eight more than in 1967. Four patients were conveyed by helicopter for medical reasons.

Staff and Vehicles

The table on page 52 shows the number of staff and vehicles at the ambulance stations at the end of each of the past two years.

An initial training course of three weeks' duration was held for new entrants, and in-service training was continued, which included attendances at selected hospitals. Eleven of the staff took the graduate examination of the Institute of Ambulance Officers, and 10 were successful. Two officers attended at each of the two officers' courses of one week's duration held at the Hampshire ambulance training school at Bishop's Waltham and two places were taken at the same school on Ministry of Health interim training courses. Staff from the Department assisted with the organisation of, and instruction at, both these courses. The Deputy County Ambulance Officer qualified as a Ministry of Health ambulance instructor.

Eight teams entered the County Ambulance Efficiency Competition held in Chichester on 11th May, 1968. The previous year's winners from Crawley were again successful, and were ninth out of 13 entrants

AMBULANCE SERVICE

Staff, Vehicles, Mileage and Patients

Station	Staff		Vehicles		Mileage			Patients		
	1967	1968	1967	1968	1967	1968	Variation	1967	1968	Variation
Bognor Regis ...	9	9	6	6	91,571	96,941	+ 5,370	24,707	24,049	— 658
Chichester ...	*22	†23	6	6	119,255	127,366	+ 8,111	15,417	17,208	+ 1,791
Crawley ...	12	12	6	6	105,147	111,249	+ 6,102	16,840	17,335	+ 495
Horsham ...	9	9	4	4	83,759	82,843	— 916	10,140	11,317	+ 1,177
Littlehampton ...	5	5	2	2	60,168	59,917	— 251	5,118	6,152	+ 1,034
Midhurst ...	4	4	2	2	42,472	46,965	+ 4,493	1,689	2,294	+ 605
Pulborough ...	3	3	2	2	45,060	41,691	— 3,369	1,615	1,392	— 223
Shoreham-by-Sea ...	5	5	3	3	50,861	55,299	+ 4,438	5,972	7,236	+ 1,264
Worthing ...	19	20	8	9	174,924	184,483	+ 9,559	32,689	37,750	+ 5,061
TOTALS ...	88	90	39	40	773,217	806,754	+33,537	114,187	124,733	+10,546

* Includes 10 control staff.

† Includes 11 control staff.

in the Regional Competition at Stanmore on 25th June, 1968. They did exceptionally well in the first aid and removal tests, but lost marks heavily in one of the manoeuvrability tests which replaced the driving and highway code tests of previous years.

There were 66 entrants for the 1968 Safe Driving Competition of the Royal Society for the Prevention of Accidents; 58 passed, 5 failed and there were 3 exemptions, compared with 52 passes and 8 failures in 1967.

Ambulance Car Service

The following table shows that there were decreases both in the number of patients carried and also in the mileage travelled; the increase in mileage in 1967 compared with 1966 (98,747) was reduced by half. Thanks are again due to the drivers for their willing cooperation and assistance, sometimes at short notice.

<i>Area</i>	<i>Patients</i>			<i>Miles</i>		
	1967	1968	<i>Variation</i>	1967	1968	<i>Variation</i>
Chichester	28,839	27,221	—1,618	270,351	244,161	—26,190
Horsham	25,120	25,763	+ 643	340,353	331,489	— 8,864
Worthing	34,936	32,635	—2,301	285,482	273,579	—11,903
TOTALS ...	88,895	85,619	—3,276	896,186	849,229	—46,957

PART VI—MENTAL HEALTH SERVICE

An Unresolved Problem

Much has been achieved since the National Health Service came into operation 20 years ago and the health services of the United Kingdom are now the envy of many other countries.

In some of these services (parts of the mental health field for example), the amount of financial investment and the recruitment and training of staff have however remained too small to enable desirable developments and modernisation to be carried out. In consequence, things which should have been done have been left undone and problems which should have been overcome long ago still remain to be solved.

Some of these problems undoubtedly stem from the present organisational structure of the National Health Service and there was an illustration of this in 1968 when the hospital authorities were clearly put under pressure to review their complements of patients and to pass to local health and welfare authorities responsibility for the care and accommodation of such patients as they considered suitable for local authority care. This was the third time since 1948 that such a major review had been undertaken.

From Graylingwell Hospital, Chichester, 170 patients were referred to the Department, including the full complement of an annexe for female patients suffering from senile dementia. Another hospital referred a man aged 69 years who had been in that hospital for 58 years, having been admitted as an idiot under the former *Lunacy Act 1890*; he was unable to shave himself and was accommodated in a locked ward. Most of these patients had no relatives or associations remaining in the areas from which they had been admitted.

From the groups centred on the Royal Earlswood Hospital, Redhill and the Manor Hospital, Epsom 18 severely subnormal persons were referred for community care placement. These included a woman aged 83 years who had double cataract and was described as “cantankerous and quarrelsome”; she had been in institutions and hospitals for the mentally subnormal for nearly 60 years, was without interested relatives and said that her only friends were in the hospital, which she never left. The suggestion of her being transferred from that hospital, after 13 years, bewildered and frightened her.

Practically all these patients had long histories of unsocial behaviour or had such little ability that there was virtually no prospect of their being integrated successfully with normal community life from residential accommodation found by the local authority. To have attempted to bring about such integration would have been not only an act of unkindness to the patients themselves but it would also have achieved nothing apart from a transference of maintenance costs from taxes to rates; the care of the patients would have remained a charge on public funds.

Mental Welfare Officers

An appreciable increase in the staff establishment (from 11 to 18, and three trainees) was approved and this enabled much more to be done than had previously been possible in providing community care and after care. It will however take time for the full benefits of the increased staff to become apparent as four officers were away on full-time training courses for part of the year.

The acceptance of the mental welfare officer as the appropriate social worker for the mentally disordered in the community is however far from being achieved. In some quarters, this is entirely due to attitudes adopted by other professional workers rather than to any uncertainty in the minds of patients. It may be partly explained by the reluctance of hospital staffs to withdraw from arrangements, such as were pioneered by the “Worthing Experiment”, in which attempts were made by hospital workers to remedy the deficiencies of community care; their work with people extended far beyond the hospital gate.

With the encouragement of central government, the County Council have now taken bold steps to correct such deficiencies as may have been attributable in the past to an inadequate establishment of community social workers. In doing so, they have acted entirely within their statutory powers and their imaginative, and expensive, action should be given a fair chance to succeed.

Statistics

Mental Illness

The following statement, provided by Graylingwell Hospital, shows the numbers of patients admitted to the hospital during 1968. The mental welfare officers assisted in the arrangements for statutory admission of patients under sections 25, 26 and 29 of the *Mental Health Act 1959*.

Informal admissions fell by 120 and the number of persons admitted by statutory procedure fell by 33 compared with 1967. There was a reduction of 15 cases dealt with under the “emergency” section.

Admissions to Graylingwell Hospital

<i>Mental Health Act 1959</i>	<i>Male</i>	<i>Female</i>	TOTALS
Section 5—(Informal)	437 (475)	676 (758)	1,113 (1,233)
Section 25—(Observation — 28 days)	29 (24)	66 (77)	95 (101)
Section 26—(Treatment) ...	13 (11)	18 (31)	31 (42)
Section 29—(Observation in emergency—3 days)	50 (49)	67 (83)	117 (132)
Section 60 } (Court Orders) ...	— (1)	1 (—)	1 (1)
Section 65 } (Court Orders) ...	— (1)	1 (—)	1 (1)
Section 68 } (Court Orders) ...	1 (—)	— (—)	1 (—)
Section 71 } (Court Orders) ...	— (—)	— (2)	— (2)
TOTALS	530 (561)	829 (951)	1,359 (1,512)

Note: The figures in brackets relate to 1967.

The average age on admission was 48.6 years and 357 of the patients admitted were aged 65 or over.

During the year, 1,256 patients (489 males and 767 females) left the hospital and 193 (86 males and 107 females) died. Of the 193 deaths, 161 were of people over 65 years of age.

At the end of the year, six mentally ill persons were being maintained by the local health authority in residential accommodation.

I am indebted to Dr. J. P. Scrivener, Honorary Secretary, Senior Medical Staff Committee, Graylingwell Hospital, for the following comments:

“The area of greatest difficulty lies, and is likely to continue, in the care and accommodation of the elderly confused. The hospital catchment area now excludes Horsham and Crawley; it contains an unbalanced population, with 23 per cent over the age of 65 compared with a national average of less than 13 per cent. Nearly 20,000 persons over pensionable age live alone, the vast majority being women.

Among this relatively aged population, the number of elderly mentally infirm is far too great to be cared for in Graylingwell Hospital, which is unable to increase its ratio of beds for this category of patient. Emphasis must therefore be placed on the extension of community care services.

Cooperation between the hospital and the health department has been excellent, particularly so with the mental welfare officers who are undertaking an increasing load of psychiatric case work in the community, especially in the field of after care."

Mental Subnormality

The total number of subnormal persons under care at the end of the year is shown in the next table.

Form of Care	Male	Female	Children	TOTALS
Hospitals and homes under regional hospital board	215 (211)	142 (136)	89 (79)	446 (426)
Mental nursing homes	— (—)	— (—)	4 (6)	4 (6)
Residential homes	9 (8)	30 (30)	9 (6)	48 (44)
Boarded out in private homes	8 (8)	22 (24)	4 (3)	34 (35)
Durrington Hostel	— (—)	— (1)	21 (22)	21 (23)
Rustington Hostel	30 (23)	— (—)	— (—)	30 (23)
Informal community care ... (3 of the cases in residential or private homes are subject to guardianship orders)	310 (283)	339 (303)	201 (202)	850 (760)
TOTALS	572 (533)	533 (496)	328 (318)	1,433(1,317)

Note: The figures in brackets relate to 1967.

At the end of the year, the names of 31 subnormal persons were on the waiting list for admission to hospital. This was eight fewer than at the end of 1967.

The following particulars show the immediate sources of information which led to subnormal persons being dealt with during the year.

Source of Referral	Male	Female	TOTALS
General practitioners	— (5)	2 (1)	2 (6)
Hospitals	4 (6)	3 (6)	7 (12)
Courts and police	— (1)	1 (—)	1 (1)
Local education authority	9 (10)	4 (9)	13 (19)
Other sources	40 (31)	24 (22)	64 (53)
TOTALS	53 (53)	34 (38)	87 (91)

Note: The figures in brackets relate to 1967.

The cases were dealt with as follows.

<i>Disposal</i>	<i>Male</i>	<i>Female</i>	<i>TOTALS</i>
Admitted to psychiatric hospitals ...	5 (—)	2 (—)	7 (—)
Placed in residential homes ...	5 (5)	1 (3)	6 (8)
Placed in mental nursing homes ...	— (—)	1 (—)	1 (—)
Placed under informal community care	43 (48)	30 (35)	73 (83)
TOTALS ...	53 (53)	34 (38)	87 (91)

Note: The figures in brackets relate to 1967.

Training Centres

The next table shows the numbers of pupils and staff at junior and adult training centres. In addition, 13 other pupils attended centres maintained by other authorities or by voluntary bodies.

Centre	Staff		Pupils					Daily average attendance
	Head Teacher/ Manager	Assist- ant Teachers and Trainees	On register					
			Males		Females		TOTALS	
			Under 16	Over 16	Under 16	Over 16		
*†Fordwater ...	1	9 (8)	28	11	15	20	74 (69)	56 (59)
*†Crawley ...	1	7 (6)	23	4	12	15	54 (59)	47 (45)
*Durrington ...	1	11 (9)	37	—	23	—	82 (80)	70 (69)
†Rustington ...	1	4 (4)	—	40	—	—	40 (32)	33 (29)
†Worthing ...	1	5 (5)	—	15	—	38	53 (53)	45 (43)

*Junior Training Centre. †Adult Training Centre.

Note: The figures in brackets relate to 1967.

The work of the three junior centres continued satisfactorily and there were fewer staff changes than in previous years. More attention was paid to the need for continuing the assessments of the trainees and clearer conclusions were reached not only about the potential ability of each child but also on the best means of developing that ability.

Towards the end of the year a diagnostic unit was opened in Chichester by the County Education Department. This enabled a better assessment to be made of those cases where there was doubt as to the most suitable methods of educational training; a determination of the capacity of the individual child became far more satisfactory and realistic.

Durrington junior centre had a few more children than it was built to receive but the staff were able to manage reasonably well and the problem will be resolved when the new centre at Shoreham-by-Sea (included in the building programme for 1971/72) becomes available.

RUSTINGTON

TRAINING CENTRE

1968

EXTENSIONS TO HOSTEL

FIRST FLOOR

- | | |
|-----------------|----------------------|
| 1 . bedroom | 4 . bathroom-toilets |
| 2 . bathroom | 5 . store |
| 3 . dormitories | 6 . drying cupboard |

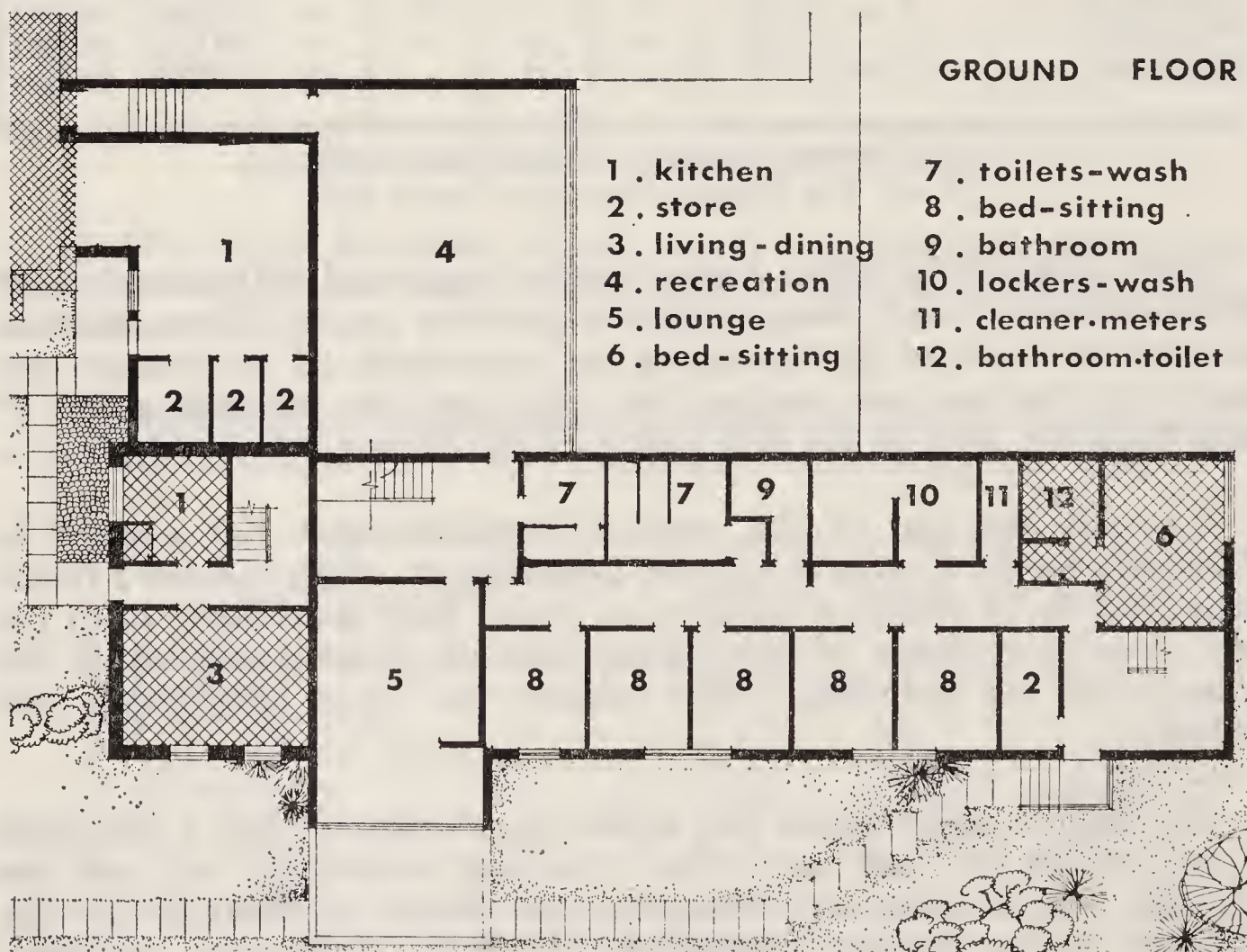


 staff

scale 0 5 10 20 30 50 feet

GROUND FLOOR

- | | |
|---------------------|----------------------|
| 1 . kitchen | 7 . toilets-wash |
| 2 . store | 8 . bed-sitting |
| 3 . living - dining | 9 . bathroom |
| 4 . recreation | 10 . lockers - wash |
| 5 . lounge | 11 . cleaner-meters |
| 6 . bed - sitting | 12 . bathroom-toilet |



The conjunction of junior and adult centres at Crawley and Fordwater continued. Whilst this is not an ideal arrangement, excellent work was nevertheless done, particularly with the adult trainees at Fordwater. Sites were selected for purpose-built adult centres which will eventually relieve the Crawley and Fordwater centres of their adult components.

The extensions at Rustington (a centre which provides residential accommodation and day training) were completed and produced great improvements in the running of the premises. A plan of the extensions is reproduced on page 58. The provision of a number of single rooms enabled the Superintendent to establish grades of responsibility and the problems associated with boys in outside employment were simplified. Although the facilities at this centre are now excellent, it is nevertheless acting mainly as a permanent home for 30 boys. The centre maintained its good relationship with the community and the Friends of the Centre were helpful in creating links (including such pursuits as sailing) with the outside community.

Despite the disruptions caused by the building extensions, the excellent work done at Worthing adult centre was uninterrupted; both staff and trainees looked forward to the much bigger and more efficient unit which will be completed in 1969.

Short-term Care and Holidays

During the year, seven patients were admitted to the Forest Hospital, Horsham, and two to the Royal Earlswood Hospital, Redhill, for short-term care. Nine adolescent males were admitted to Rustington Hostel and 17 children were accommodated at Durrington Hostel for short periods. In addition, five patients were placed in residential homes for short-term care.

Sixty-eight adult pupils from Fordwater, Rustington and Worthing training centres spent a week's holiday at Sandown, Isle of Wight, during April, 1968.

The staff who, for the past seven years, had taken the children from junior training centres for an annual holiday, were unable to do so in 1968 and the local associations for mentally handicapped children were asked if they could help. Thanks are due to the members of the Bognor Regis, Chichester and District Society for Mentally Handicapped Children who, with financial assistance from the Council, organised a week's holiday for 36 children at Selsey during September, 1968.

Hostels and Residential Homes

The policy of the Council is for the Welfare Committee to assume responsibility for the residential care of elderly persons on discharge from psychiatric hospitals if suitable accommodation is not otherwise available to them. Plans were made for a purpose-built home to be provided for such cases in Shoreham-by-Sea and a start is expected to be made with this building in 1969/70.

A description was given in the last Report of the rehabilitation hostel for eight residents discharged from psychiatric hospitals, which was opened in Cortis Avenue, Worthing, in September, 1967. Experience showed that the premises were not large enough to contain a sufficient variety of patients and that rehabilitation prospects were not good.

Towards the end of the year, the resident full-time warden resigned and it was thereupon decided to rely for general supervision on a part-time visiting officer and to restrict admission to females.

The Durrington hostel for mentally subnormal children started short-term admissions during the year but most of the accommodation was required permanently for children who had been there since the hostel opened and who are likely to remain there. The reasons for admission to the hostel were mainly social rather than medical and it was possible in most cases to maintain family links by sending the children home for most weekends. The problem of staffing the hostel remained difficult. Few women are willing to live in the hostel and a great burden consequently falls upon the Warden and his wife. A great deal of the work must be done by part-time staff, and evening and weekend cover was difficult to obtain. Despite the problems, the children in the hostel are fit and happy.

The next table gives particulars of the numbers of persons resident in each of the hostels at the end of each of the past two years.

<i>Hostel</i>			<i>Males</i>	<i>Females</i>	TOTALS
*Durrington	...	...	12 (13)	9 (10)	21 (23)
†Rustington	...	...	30 (23)	— (—)	30 (23)
‡Worthing	...	...	1 (2)	3 (6)	4 (8)
TOTALS	...	...	43 (38)	12 (16)	55 (54)

* For subnormal children. † For subnormal youths. ‡ For the mentally ill.

Note: The figures in brackets relate to 1967.

There were eight private residential homes for the mentally subnormal registered by the County Council and these premises were inspected by the staff of the Department on behalf of the Welfare Committee. A home for seven mentally subnormal men at Shoreham-by-Sea was closed. The location of the private homes and the accommodation provided is shown in the next table.

<i>Place</i>	<i>Number of homes</i>	<i>Adults</i>			<i>Children</i>	TOTALS
		<i>Both sexes</i>	<i>Males</i>	<i>Females</i>		
Bognor Regis	1	36	—	—	—	36
Burton Rough	1	—	25	—	—	25
Roffey & Faygate	3	—	68	—	31	99
Selsey	1	18	—	—	—	18
Walberton	1	—	—	5	—	5
Worthing	1	—	—	—	5	5
TOTALS	8	54	93	5	36	188

PART VII—OTHER SERVICES

Health Centres

Consultations continued to take place with the Executive Council for West Sussex, with the hospital authorities and with groups of general medical practitioners regarding the provision of health centres in various parts of the County. Towards the end of the year, the Health Committee revised their capital development programme for the period up to 1971/72. Particulars of the health centre part of this programme are given in the next table from which it will be seen that starts were envisaged on 17 schemes before 1st April, 1972 and that, for the first time, provision was made for a number of small projects in undetermined locations.

<i>Health Centres</i>	<i>Building programme (year)</i>	<i>Approximate population to be served</i>	<i>Number of</i>	
			<i>G.Ps. working in the area</i>	<i>G.P. consulting suites to be provided</i>
Shoreham-by-Sea ...	1967/68	32,000	10	10 (10)
Horsham ...	1968/69	44,000	16	18 (14)
Littlehampton ...		22,000	13	5 (6)
Henfield ...		5,000	2	2 (2)
Bognor Regis ...		40,000	19	6 (5)
Crawley (Broadfield) ...	1969/70	5,000	2	2 (2)
Storrington ...		9,000	3	3 (3)
Rudgwick ...		5,500	2	2 (2)
One small centre (location undecided) ...		—	—	—
Lancing ...		20,000	9	4 (5)
Steyning ...	1970/71	9,000	4	3 (2)
Two small centres (locations undecided)		—	—	—
Chichester ...	1971/72	50,000	16	2 (2)
Three small centres (locations undecided)		—	—	—
TOTALS ...		241,500	96	57 (53)

Note: The figures in brackets indicate the numbers of general medical practitioners who will be accommodated in the health centres upon completion.

A summary of the developments with regard to each of the schemes included in the building programme for starts to be made before 1st April, 1970 is given below and is continued on page 65.

Shoreham-by-Sea: Good progress was made with building operations on the site in Pond Road, which were estimated to be completed by 31st December, 1969. The plans and a photograph of a model of the building appear on the next two pages.

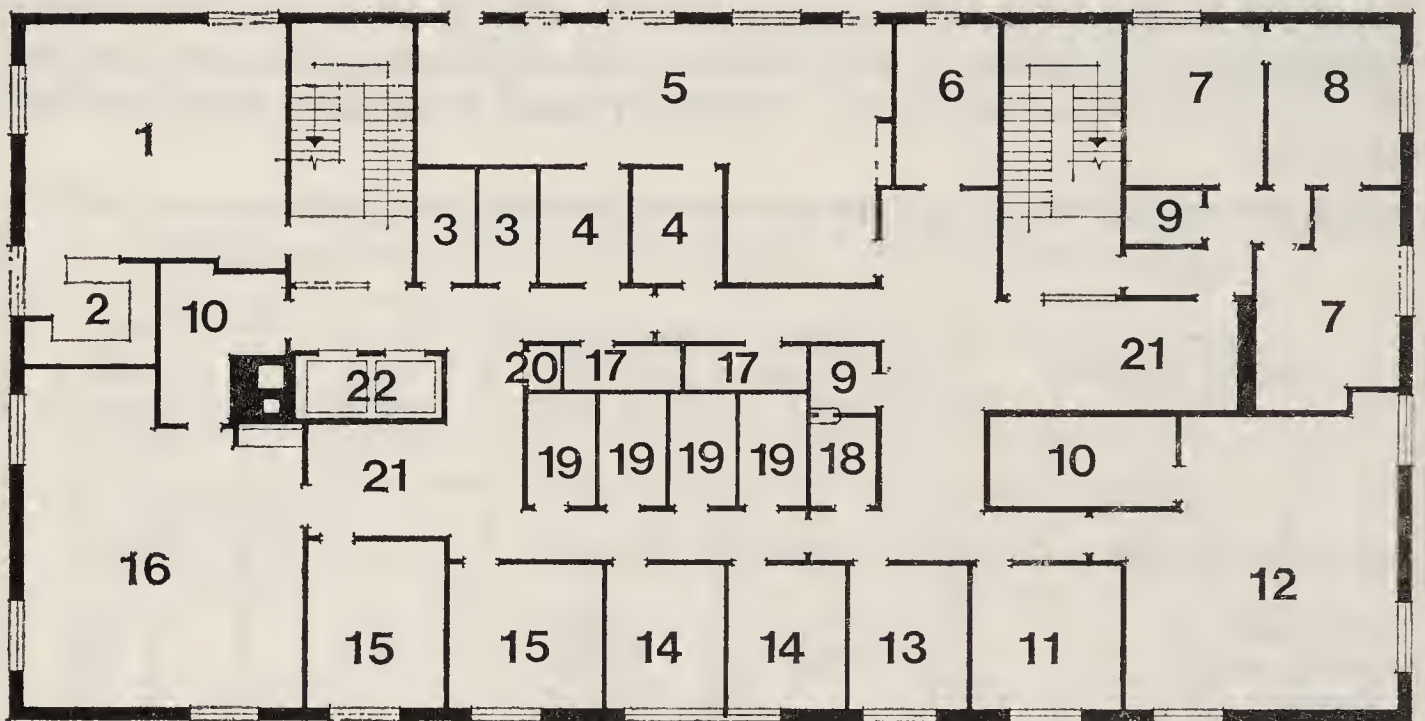
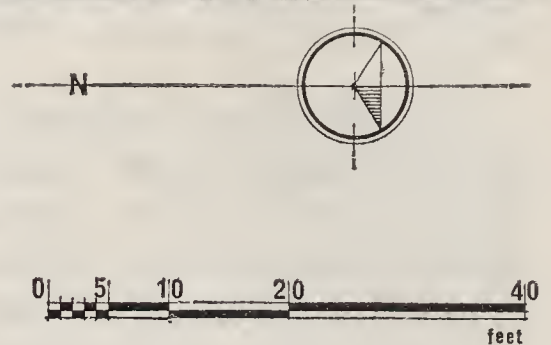
SHOREHAM-BY-SEA

HEALTH CENTRE

FIRST FLOOR PLAN

1. staff room
2. kitchen
3. staff lavatory
4. interview
5. social workers
6. speech
7. dental surgery
8. recovery room
9. laboratory

10. store
11. educational psychology
12. health education
13. general purpose
14. consult
15. chiropody
16. nurses
17. public lavatory
18. lavatory
19. examination
20. cleaner
21. waiting
22. lifts



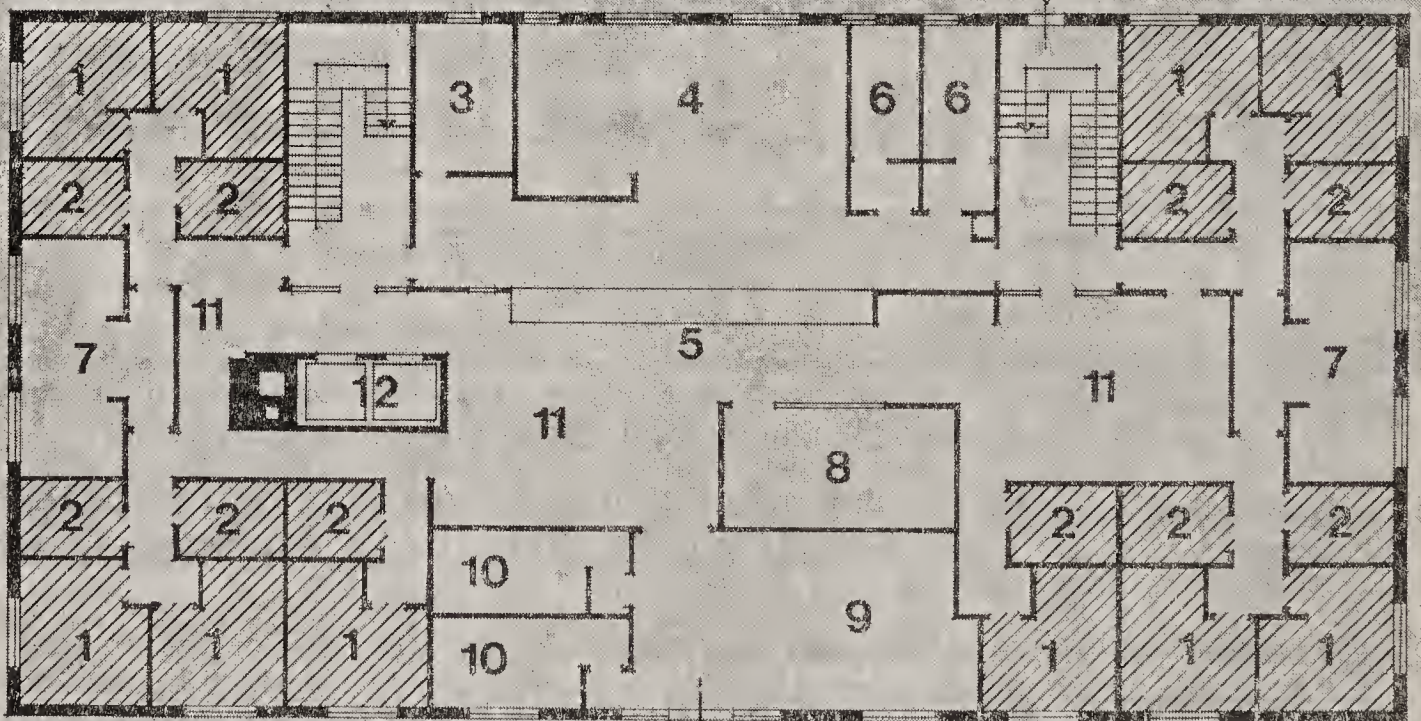
GROUND FLOOR PLAN

1. consult
2. examination
3. store
4. office records
5. reception
6. staff lavatory
7. treatment
8. playroom
9. pram store
10. public lavatory
11. waiting
12. lifts

general medical practitioner
(consulting suites)

LOWER GROUND FLOOR (not illustrated)

1. car park
2. lifts
3. lift motor room
4. domestic service
5. boiler house
6. incinerator
7. electricity plant
8. telephone plant



shoreham-by-sea

health
centre

model of pond road development



old persons' home

library

Horsham, Littlehampton and Henfield: The accommodation requirements of the local health and general medical services (and also as regards Horsham and Littlehampton those of the hospital services) were agreed with the Department of Health and Social Security and sketch plans were prepared. Steps were taken aimed at securing all necessary consents in time to enable starts to be made on the buildings before 1st April, 1969.

Bognor Regis: A scheme submission and a schedule of accommodation requirements were prepared for consideration by the Department of Health and Social Security. The acquisition of a town centre site in Chapel Street seemed likely in time to enable the building to be started in October, 1969.

Crawley (Broadfield): Consultations with the Commission for the New Towns indicated that the building of the new neighbourhood centre was unlikely to commence in 1969/70 and that the erection of a temporary health centre was therefore unavoidable. At the end of the year, the feasibility and estimated cost of modifying a hatted classroom (shortly to become surplus to requirements at Worthing Adult Training Centre) and moving it to Broadfield was being considered.

Storrington: A scheme submission and a schedule of accommodation requirements were prepared for consideration by the Department of Health and Social Security. A site in Mill Lane was investigated but was not proceeded with because it seemed unlikely to be available at a price which the County Council could be recommended to pay. The acquisition of a site adjoining the proposed Rural District Council car park in North Street was approved and negotiations for its purchase were commenced.

Rudgwick: A scheme submission and a schedule of accommodation requirements were prepared for consideration by the Department of Health and Social Security. The site of the former Martlets Hotel was investigated but was found to be too small. Consideration was thereupon given to a site already owned by the County Council which formed part of the disused railway station; at the end of the year, planning clearance on the site and its appropriation for health purposes were being sought.

One small centre (location undecided): At the end of the year, discussions were taking place with the Executive Council and with groups of general medical practitioners in various parts of the County.

Blind and Partially-Sighted Persons

Registration

On 31st December, 1968 there were 1,211 blind and 484 partially-sighted persons on the register, compared with 1,211 blind and 429 partially-sighted on 31st December, 1967.

Examination of applicants for registration

During the year, 159 new (i.e. excluding transferred) cases of blindness and 135 cases of partial sight were added to the register following examination by consultant ophthalmic surgeons.

Eleven registered blind persons were removed from the blind register, eight following surgical treatment (six cataract, one corneal graft and one lens extraction) and three following natural improvement. Seven were reclassified as partially-sighted and the other four were deleted from the register.

Three partially-sighted persons were removed from the register at their own request and four others were removed following successful operations (three cataract and one glaucoma).

Partially-sighted persons transferred to the blind register because of deterioration in vision numbered 30.

Follow-up action

Where treatment was recommended by ophthalmic surgeons, the patients were followed up to ensure that the treatment prescribed was carried out. The results of this follow-up action are tabulated below.

	Primary Ocular Disease			TOTALS
	Cataract	Glaucoma	Other	
1. Number of cases registered during the year in respect of which Forms B.D.8 recommended:				
(a) No treatment	19 (6)	1 (3)	95 (32)	115 (41)
(b) Treatment (medical, surgical, optical or hospital supervision)	47 (55)	44 (41)	88 (146)	179 (242)
TOTALS	66 (61)	45 (44)	183 (178)	294 (283)
2. Number of cases at 1 (b) above which:				
(a) Continued to receive treatment	17 (25)	29 (29)	41 (62)	87 (116)
(b) Refused treatment... ..	1 (1)	— (—)	— (1)	1 (2)
(c) Had treatment deferred or discontinued	22 (17)	11 (8)	39 (67)	72 (92)
(d) Were placed on waiting list for admission to hospital	3 (2)	— (1)	1 (1)	4 (4)
(e) Died or left County before investigation	4 (10)	4 (3)	7 (15)	15 (28)
TOTALS	47 (55)	44 (41)	88 (146)	179 (242)

Note: The figures in brackets relate to 1967.

Ophthalmia Neonatorum

Two cases of ophthalmia neonatorum were notified but in neither case was vision lost or impaired.

Nurseries and Child Minders

By Circular 36/68 dated 18th October, 1968 the Minister of Health drew the attention of local health authorities to Section 60 of the *Health Services and Public Health Act 1968* which amended the *Nurseries and Child Minders Regulation Act 1948*, and came into effect on 1st November, 1968. The scope of the 1948 Act was extended to include premises (other than those used wholly or mainly as private dwellings) in which children are received for a total of two hours or more in the day and persons who, in their own homes and for reward, look after one or more children under the age of five to whom they are not related for similar periods.

As the maximum penalties for failure to register had been increased (the maximum fine for a first offence was raised to £50), the Minister requested local health authorities to publicise the provisions of the Act as amended. An appropriate announcement was accordingly published in local newspapers circulating in the County and notices were displayed in clinics, main post offices, libraries and local authority offices.

The amended legislation enabled the County Council

- (i) to refuse registration because of the condition of the premises or equipment or for any reason connected with the situation, construction or size of the premises or with other persons in the premises;
- (ii) to determine the maximum number of children to be received;
- (iii) to make requirements concerning the number, qualifications and experience of the people who are to look after the children;
- (iv) to ask for a declaration of health in respect of the applicant and other persons to be employed and of each person who has attained the age of 16 and who is normally resident at the premises; and
- (v) to require child minders as well as proprietors of nurseries to keep a register of children in attendance together with details of each child such as name and address, and home telephone number, date of birth, mother's place of employment and her telephone number and the name, address and telephone number of the child's general medical practitioner.

The County Council's standards relating to nurseries and child minders were amended and steps were taken to ensure that action was taken on applications for registration, particularly on those which were straightforward, without unreasonable delay.

As will be seen from the following table, the growth in the numbers of registrations continued; registrations of both persons and premises have increased nearly threefold in the past five years.

	Numbers registered at 31st December		Numbers of children provided for	
	1967	1968	1967	1968
(a) Premises 	92	115	2,291	2,825
(b) Daily minders 	40	48	461	549

Day Care Facilities for Children under Five

By Circular 37/68, dated 18th October, 1968, the Ministry of Health reviewed the provision by local health authorities of day care facilities for children under five in the light of the operation of the *Nurseries and Child Minders Regulation Act 1948* and of other enquiries and reports on the matter. The Minister considered that the responsibility of the local health authority should continue to be limited to arranging for the day care of children who, from a health point of view or because of deprived or inadequate backgrounds, have special needs that cannot otherwise be met.

Attention was drawn to the need for day care which may arise from a variety of circumstances in which help is needed by the child or family, such as

- (i) the unsupported mother living with her child who has to go out to work and who cannot make satisfactory arrangements for the child to be cared for;
- (ii) those who need temporary day care on account of the mother's illness;
- (iii) those whose mothers are unable to look after them adequately because they are incapable of giving young children the care they need;
- (iv) those for whom day care might prevent the breakdown of the mother or break-up of the family;
- (v) those whose home conditions (e.g. because of gross overcrowding) constitute a hazard to their health and welfare; and
- (vi) those whose health and welfare are seriously affected by lack of opportunity for playing with others.

The Circular indicated that in some areas where there were private nurseries registered under the *Nurseries and Child Minders Regulation Act 1948* children in the priority groups may be satisfactorily placed by the local health authority and stated that the Secretary of State would be prepared to give approval to authorities

- (i) paying child minders a small weekly sum in return for their willingness to accept children in the priority groups placed by the authority and, in appropriate cases, to pay the minder's charge for caring for the children, provided that it is reasonable having regard to the charges normally made by child minders in the area for a satisfactory standard of care; and
- (ii) arranging and paying a reasonable charge for children in the priority groups to receive day care in nurseries or part-time nursery groups run by private or voluntary bodies.

Towards the end of the year the approval of the Secretary of State for Social Services was accordingly sought under Section 20 of the *National Health Service Act 1946* to the adoption of arrangements which would empower the County Council to operate the procedures outlined in (i) and (ii) above.

Nursing Homes and Nurses Agencies

The County Council's byelaws relating to nursing homes which had been in operation for 40 years were revised, confirmed by the Minister of Health, and came into operation on 1st October, 1968. A copy of the new byelaws, which are reproduced at Appendix C, was sent to the proprietors of all registered premises.

At the end of the year, there were 59 nursing homes registered with the County Council, three more than at the end of 1967. The number of beds provided rose by 69 to a total of 1,158. All the homes were inspected regularly by a medical inspector of nursing homes who reported that the standards required by the County Council were generally well maintained.

Two nursing homes were approved by the Minister of Health under Section 1 of the *Abortion Act 1967*. The approval was valid for a period of one year from 27th April, 1968.

The last Report recorded that representations had been made to the South West Metropolitan Regional Hospital Board suggesting that, until such time as additional geriatric beds could be made available, the Board should enter into contractual arrangements for the reservation of accommodation in selected nursing homes. No such arrangements had been entered into by the end of the year.

The following table gives details of the registration of nursing homes in the County during the past five years.

	1964	1965	1966	1967	1968
Registered at 1st January	63	61	62	57	56
New registrations	12	2	1	6	11
Registrations withdrawn	14	1	6	7	8
Registered at 31st December... ..	61	62	57	56	59

The accommodation available at the end of the year in nursing homes registered by the Council is shown below.

Size of homes (beds)	Number of homes	Number of beds provided			
		General	Maternity	Psychiatric	TOTALS
25 and over	12 (4)	309	—	171	480
20 to 24	9 (1)	180	—	15	195
15 to 19	18	293	—	—	293
10 to 14	12	144	—	—	144
5 to 9	6 (1)	34	—	8	42
Under 5	2	—	4	—	4
TOTALS	59 (6)	960	4	194	1,158

Note: The figures in brackets denote homes (included in totals) also registered as mental nursing homes under the *Mental Health Act 1959*.

It will be noted that only four maternity beds were provided, which suggests that there is little demand for this type of private accommodation in the County. Homes undertaking surgical operations were two in number, both in Worthing.

Nurses Agencies

Agencies licensed by the Council for the supply of nurses numbered four, the same as at the end of 1967.

PART VIII—ENVIRONMENTAL HEALTH SERVICE

The Ambulance and Public Health Sub-Committee continued to exercise responsibility for the environmental health services and took appropriate action on such matters as the control of milk supplies (particularly with regard to brucellosis and the processing and distribution of heat-treated milk) and grants made under the *Rural Water Supplies and Sewerage Acts* for the extensions of water mains and the provision of sewers.

Almost all these environmental health matters are the joint interest of the county and district authorities and often involve representatives of other public services such as water boards and river authorities. There was excellent cooperation among all concerned and, for the most part, issues in dispute were settled amicably. Complaints from members of the public related to a wide variety of nuisances but most were concerned with delays in collecting household refuse in one urban district and with certain proposals to discharge untreated sewage into the sea.

The efforts of the county public health inspectorate to meet demands for instruction in technical subjects connected with health education are recorded in Part IV. Their work on the installation and maintenance of school swimming pools is referred to in Part IX.

Water Supplies

The chemical and bacteriological quality of all mains water supplied throughout the County was satisfactory. There were no reports of plumbo-solvency. The following water undertakers serve the area and, apart from isolated dwellings and hamlets, services extend to all parts.

The North West Sussex Water Board

The Portsmouth Water Company

The Borough of Worthing Water Department

The County Borough of Brighton Water Department

The Wey Valley Water Company

The arrangement whereby officers of the Department carried out routine water sampling on behalf of the North West Sussex Water Board ceased from 1st April, 1968.

There was no change in the level of natural fluoride in the various water supplies and no progress was made in implementing the County Council's resolution of November, 1965 which urged all water undertakers operating in the County to raise the fluoride content of water supplied to one part per million.

Grants in aid under the *Rural Water Supplies and Sewerage Acts 1944 to 1965* were made to the North West Sussex Water Board in respect of extensions to existing water services in the following areas.

Ford Farm, Ashurst	(Horsham R.D.)
Bonnetts Lane, Ifield	(Horsham R.D.)
Redford Area, Woolbeding Estate	(Horsham R.D.)
Sun Oak Lodge, Hampers Lane, St. Leonard's, near Horsham	(Horsham R.D.)
Guildenhurst Farm, Newbridge, Billingshurst	(Horsham R.D.)
Oakleigh, Adversane	(Horsham R.D.)
River Hill Area, Petworth	(Petworth R.D.)
Church Farm, New Barn, South Harting	(Midhurst R.D.)

The revised estimate of contributions made by the County Council in 1968/69 towards water supply was £15,000.

Sewerage

Grants in aid of sewerage were made in respect of the following schemes submitted by the Chichester Rural District Council.

Pagham, Nyetimber and area sewerage scheme — Stage II
Aldingbourne and District Sewerage Scheme — Stage III — First Section — Woodgate area
Woodmancote
Maypole Lane, Yapton
Hill Lane, Barnham

The revised estimate of contributions made by the County Council in 1968/69 towards sewerage was £109,000.

Sewage in the Sea

The second public inquiry into the proposals submitted by Bognor Regis Urban District Council for the discharge of macerated sewage into Bognor Regis bay commenced at the end of April, 1968. The County Council again lodged an objection to the proposals on the grounds that there is a risk to health and loss of amenity where fouling of beaches occurs. The Minister made known his decision approving the proposals on 23rd September, 1968. Thereafter many objections were received by the Department from the public and from local organisations and many also appeared in the local and national press.

In referring the scheme back for further consideration following the first public inquiry, the engineering inspector concluded (amongst other things) “that to be satisfactory the sea outfall should be of such a length that the sewage, however dilute, should not be carried back into inshore waters or on to the beaches at any state of the tide.” The report of Mr. D. C. Musgrave, M.I.C.E., M.I.W.E., A.M.I.STRUC.E., who held the second public inquiry and on whose recommendation the Minister approved the scheme, was referred to in a letter from the Ministry dated 23rd September, 1968. This stated

“the process of dispersion was so complex and dependent upon so many factors that float tests, however carefully conducted, could only provide a rough indication of what might happen to sewage discharged at any given

point in the conditions prevailing at the time the tests were carried out. For that reason, he could not accept the criticism that more elaborate tests should have been undertaken. The proposed screening of the sewage would ensure that no matter larger than $\frac{1}{4}$ inch in diameter would be discharged through the outfall.

The passage of sewage through a sewage treatment works, stated the Inspector, reduces but does not eliminate the number of bacteria present; the same could almost certainly be said of viruses. Thus it could not be said with any confidence that the sea would be any safer at Bognor if the sewage were biologically treated before discharge at low water than it would be if untreated sewage were discharged through an outfall of the length proposed. The pattern that emerged from the tests was one of slow circulatory movement and gradual dispersion to the south west, and it could not be denied that, on the result of the tests, some dilute sewage might reach the shore. But it would have been in the water some hours and the Inspector believed that it would be so changed in form as to be completely unrecognisable and so diluted with sea water as to be unobjectionable. Therefore, in his opinion, there was no risk of an accumulation of sewage on the beach or bad odours arising from it. He accepted the opinion stated in Medical Research Council Memorandum No. 37 that, unless gross beach pollution exists, the risk to health from bathing in sewage-contaminated sea water may, for all practical purposes, be ignored. Nevertheless, the Inspector acknowledged that the realisation that sewage, however diluted and changed, might be in the water could have a psychological effect on some bathers.

The Inspector's conclusions were, briefly, that improvements to Bognor's present system of sewerage and sewage disposal were required urgently; that although float tests carried out since the last inquiry had not demonstrated that dilute sewage would never reach the beach, they had nevertheless indicated that the sea outfall would effectively disperse the sewage to the extent that no damage to amenity would arise; that consequently the risk to health arising from the discharge of sewage from the outfall might, for all practical purposes, be ignored; that disposal of sewage through the outfall would be cheaper and safeguard health just as effectively as full treatment of the sewage at an inland works; and that the Council's proposals were technically sound. He accordingly recommended that loan sanction be granted.

It would clearly be desirable, if it were possible at reasonable cost, to ensure no sewage ever found its way back to beaches and bathing waters. But the main question must be whether the occasional returns of vastly diluted and completely unrecognisable particles of sewage from an outfall constitutes a greater hazard to health and amenity than some other method of disposal. In the local circumstances, an inland works, though substantially more expensive, would be unlikely to offer any greater assurance than a long sea outfall against the apparently negligible risk to health; and it seems plain that there would be no appreciable gain to amenity from the substantially greater expenditure."

Refuse Disposal

The bulk of domestic and trade refuse in the area is disposed of by tipping. At most sites controlled tipping is practised and at one tip a pulverisation plant is installed. Those tips which are subject to approval and control under the *Town and Country Planning Acts* are visited by the County Public Health Inspector to ensure that the conditions of approval are adhered to.

In February, 1968 Mr. J. Sumner, O.B.E., of the Ministry of Housing and Local Government called a meeting at County Hall, Chichester, which was attended by representatives of the county, district, water and river authorities, to discuss future policy for refuse disposal services and the possibility of arranging services on a regional rather than on a district basis. He was advised that a number of local authorities had already cooperated in drawing up plans for the future on a joint basis.

Caravans

The County Council continued to have regard to the problems of itinerant and gypsy families. Several itinerant families were rehoused and consideration was given to the provision of a caravan site on old railway premises (now in the ownership of the County Council) in Horsham Rural District. A temporary caravan site provided for one family was closed when the occupants moved into a permanent dwelling.

Atmospheric Pollution

The long-term survey designed to measure air pollution throughout the country was continued and 112 visits were made by the staff to the two premises where recording instruments are installed. Daily deposits of carbon and sulphur dioxide were measured at both stations and the results sent to the Warren Spring Laboratory of the Ministry of Technology.

The Use of Toxic Chemicals

Familiarity with chemicals on nurseries has brought carelessness. As a result, the local safety officer of the Ministry of Agriculture, Fisheries and Food took action against one nursery under the provisions of the *Agriculture (Poisonous Substances) Regulations 1966*. This followed a medical practitioner's notification to Dr. F. Cockcroft, Medical Officer of Health of Worthing Rural District, that a patient of his, aged 16 years, was working on a nursery in his school holiday and was suffering from what appeared to be chemical poisoning. It was found that the boy was working with metasystox, an organo-phosphorous compound, and had neither been instructed on what precautions to take nor given protective clothing. Furthermore, the regulations provide that no-one under the age of 18 years may handle this type of chemical.

Supervision of Milk Supplies

Whilst the *Food and Drugs Act 1955* places the responsibility for the control of designated milk with the food and drugs authority (in this case the West Sussex County Council), supervision of retail services continued as a joint arrangement between field officers of the County and district health departments. The system avoids duplication of activities and has allowed the officers of the County Council to concentrate their efforts on the sampling of milk from farms for the purpose of isolating *brucella*.

By arrangement with chief public health inspectors in districts outside the County, milk produced on farms in West Sussex but processed in other areas was examined for the presence of *brucella*. This arrangement was a considerable help in providing information on the prevalence of *brucella* in dairy herds throughout the County.

Investigations at farms were seriously curtailed during the first quarter of the year when precautions against foot and mouth disease prevented officers from carrying out routine sampling. Nevertheless, by the end of the year, more samples had been procured than in 1967 and, together with the efforts of the inspectors previously mentioned who operated outside the County, the work for the first time covered almost all the dairy farms in West Sussex.

A total of 3,107 samples were procured; 2,322 (182 procured outside the County) being untreated milk and 785 heat-treated milk. Of the total, 1,393 were samples from individual cows on farms where previous bulk-milk samples had indicated the presence of *brucella* in the herd.

Untreated Milk

Producer licences are granted by the Minister of Agriculture, Fisheries and Food but a specific duty is laid upon the County Council by Section 31 of the *Food and Drugs Act 1955* to administer the provisions designed to prevent the sale of tuberculous milk and milk from cows suffering from any infection of the udder likely to convey disease.

Brucellosis

Now that tuberculosis has almost been eradicated from all cattle in this country, efforts are centred on the eradication of brucellosis, an infection which affects both human and animal health. The *brucella* organism, which causes abortion in cattle, produces an undulant fever in man. The infection, which is often masked by other disorders with similar clinical symptoms, exists in rural communities where there is close contact with cattle and where the consumption of untreated milk is common. Undulant fever is not a notifiable disease and it would help considerably if it were made so.

In July, 1966 the Ministry of Agriculture, Fisheries and Food announced a two-stage scheme to eradicate brucellosis. Stage 1 was the compilation of a register of *brucella*-free herds on a voluntary basis which would provide a reservoir of disease-free stock and Stage 2 was an area-by-area eradication with compensation for the slaughter of all infected animals. By answer to a question in the House of Commons on 20th November, 1968 the Minister of Agriculture, Fisheries and Food stated that Stage 1 of the scheme was progressing favourably, there being 2,300 herds on the accredited list, possibly including 200,000 animals. The position in West Sussex at the end of the year was that the register included 44 herds, containing 5,700 animals.

The efforts of the Department were concentrated on the isolation of *brucella* in herds at present outside the Ministry's scheme. Farmers were encouraged to slaughter those animals shown to be infected and to apply for admission to the accredited-herds scheme. To this end, 2,322 samples were submitted for the milk ring test. This test quickly reveals the presence of antibodies connected with *brucella* infection but does not necessarily indicate that the infection is active. Positive samples are further examined by culture or by guinea-pig inoculation. Sixteen bulk-milk samples and 294 individual cow samples gave positive ring test recordings. Further examinations showed 92 animals to be

infected; of these 61 were slaughtered, three were sold on the open market, and 28 remained with dairy herds, the milk from which is pasteurised. In addition, 42 animals were slaughtered on the evidence of the milk ring test or other veterinary examination and five were removed to non-dairy herds.

No samples taken at farms retailing untreated milk direct to the public showed evidence of *brucella* infection. Of 28 such herds in the County, eight were accredited at the end of 1968.

Tuberculosis

Dr. F. Cockcroft, Medical Officer of Health of Worthing Rural District, reported that one farmer received a notice prohibiting, unless heat-treated, the sale of milk or cream from the farm because untreated milk which was produced on the farm and offered for sale had been shown to contain *tubercle bacilli*. The veterinary officer of the Ministry of Agriculture, Fisheries and Food could find no diseased animal and, as subsequent milk samples from the herd proved to be satisfactory, the notice was withdrawn without the cause being discovered.

Inhibitory Substances in Milk

The report of the Milk Hygiene Sub-Committee of the Milk and Milk Products Technical Advisory Committee (1963)* drew attention to the possible health hazard where milk containing traces of antibiotics was consumed by persons hypersensitive or likely to become hypersensitive to such substances. In addition, there is no doubt that the widespread and indiscriminate use of antibiotics has induced the resistance of pathogenic organisms to these substances.

Samples of farm milk examined for the presence of inhibitory substances numbered 757 and seven were found to be contaminated. Investigations at the farms concerned showed that in five instances failure to withhold milk from the supply following treatment with intramammary preparations was the cause of contamination and at the two other farms the use of udder salves containing germicides and intra-uterine antibiotic pessaries were suspected. Warning letters were issued and repeat sampling showed the supplies to be clear.

Heat-treated Milk

The County Council license pasteurising plants under the *Food and Drugs Act 1955*. At the beginning of the year five such plants were licensed, four serving the general public and one at a farm serving an independent school community. In April, 1968 one dairy operating a holder-type plant surrendered its licence.

The three dairies heat-treating and retailing milk to the public carried out improvements to both equipment and premises. One dairy extended its covered areas providing undercover loading and unloading facilities. Two dairies installed chlorination plant for the pre-treatment of bottle-washing and rinse waters. Much of the milk in the area is collected from farms by bulk tanker and all three dairies have installed larger

* Ministry of Agriculture, Fisheries and Food. Antibiotics in Milk in Great Britain. Report of the Milk Hygiene Sub-Committee of the Milk and Milk Products Technical Advisory Committee. London. H.M.S.O. Price 1s. 3d. net.

bulk milk reception tanks. With a further reduction in the handling of milk now that bulk tank services have been introduced, it was expected that there would be an improvement in hygienic quality upon arrival at the dairy. However, the evidence suggests that dirt in milk is an increasing problem causing premature choking of filters and heat-treatment plant. Two dairies considered the installation of primary filters to strain milk as it leaves the bulk tanker; as no proprietary apparatus was available for this purpose and for the reason that cold milk has peculiar filtering characteristics, prototype equipment had to be evolved and a unit was designed by the County Public Health Inspector. Trials with this equipment were satisfactory and assisted in overcoming the operational problems previously experienced.

Samples of heat-treated milk procured from pasteurising plants numbered 405. All conformed with the phosphatase test, indicating adequate heat treatment, and only one failed the methylene blue test, suggesting poor keeping quality. Three samples were declared void for the methylene blue test as ambient air temperatures were in excess of $70^{\circ}F$ at the time of the examination. Samples of heat-treated milk collected at dairy depots and shops totalled 329. All conformed to the phosphatase test but three failed the methylene blue test, indicating poor keeping quality. Investigations showed that delay in selling milk was the most likely cause for these failures. Shopkeepers were warned that it was bad practice to offer milk for sale on the second day and that overstocking should be avoided. Fifty-one samples of milk supplied to schools were examined. All passed the phosphatase test, but two failed the methylene blue test. Investigations showed that these failures were due to the milk being held over from a previous day's supply.

Bottle-washing at Dairies

The bacteriological examination of empty cleansed milk bottles was carried out on a selective basis. Considerable trouble was experienced at one dairy where consistently high bacteriological counts indicated a poor standard of bottle washing. The dairy in question installed an enlarged mains water service and chlorination plant in an attempt to overcome the problem but without much success, and a new bottle-washing plant has now been purchased. Although 75 per cent of bottles in this investigation proved to be unsatisfactory by laboratory standards, the keeping quality of the milk was not affected.

All 18 water samples taken at dairies were satisfactory and the results of bacteriological examination were in accordance with the standards laid down for portable water supplies.

Housing

The table on page 77, compiled from information made available by the Ministry of Housing and Local Government, gives details of the numbers of houses built and of those demolished and closed in the various districts of the County.

HOUSING STATISTICS

Area	Estimated population mid-1968 ('000s)	Dwellings in tenders approved but not started	Dwellings started				Dwellings under construction at end of period				Dwellings completed				Houses in clearance areas and unfit houses elsewhere		
		Local authorities	Local authorities	Other public sector	Private sector	Public and private sectors	Local authorities	Other public sector	Private sector	Public and private sectors	Local authorities	Other public sector	Private sector	Public and private sectors	In-cluded in orders con-firmed	Clear-ance areas	Else-where
West Sussex	465.7	234	782	81	2,925	3,788	938	62	3,373	4,373	1,658	155	3,726	5,539	84	49	129
Boroughs																	
Arundel ...	3.0	—	—	2	1	3	—	—	1	1	—	2	—	2	—	—	—
Chichester ...	20.7	72	66	—	92	158	82	—	91	173	90	—	58	148	6	19	5
Worthing ...	83.1	15	—	59	407	466	—	58	622	680	70	27	461	558	—	30	15
Urban Districts																	
Bognor Regis	31.2	—	70	—	485	555	70	—	272	342	17	—	495	512	72	—	7
Crawley ...	63.3	—	—	56	183	127	—	—	184	184	442	1	212	655	—	—	1
Horsham ...	26.1	—	29	—	121	150	29	—	84	113	69	51	203	323	6	—	15
Littlehampton	18.1	—	40	—	104	144	38	—	128	166	122	—	102	224	—	—	—
Shoreham-by-Sea ...	18.0	—	46	—	59	105	36	—	254	290	83	—	115	198	—	—	—
Southwick ...	11.5	—	28	—	8	36	28	—	8	36	48	—	15	63	—	—	—
Rural Districts																	
Chancetonbury	26.1	29	51	1	173	225	44	1	243	288	63	—	190	253	—	—	14
Chichester ...	59.6	—	80	—	566	646	72	1	659	732	173	—	664	837	—	—	24
Horsham ...	28.2	—	17	2	406	425	17	1	225	243	140	2	461	603	—	—	19
Midhurst ...	19.3	14	—	—	113	113	—	—	130	130	128	—	123	251	—	—	14
Petworth ...	10.9	—	76	1	55	132	86	1	160	247	12	—	29	41	—	—	4
Worthing ...	46.6	54	—	72	152	224	—	—	312	312	94	72	598	764	—	—	11
New Town																	
Crawley ...	—	—	279	—	159	438	436	—	58	494	107	—	101	208	—	—	—

PART IX—SCHOOL HEALTH SERVICE

Statistics

Child Population

The following table shows the variation in the child population since last year.

			1967	1968	Variation
Children under 1 year	...	...	6,430	6,310	— 120
1 to 4 years	...	...	27,870	28,090	+ 220
Total under 5 years	...	...	34,300	34,400	+ 100
5 to 14 years	...	...	65,800	67,900	+2,100
Total under 15 years	...	...	100,100	102,300	+2,200

School Population

In January, 1969 there were 69,534 children on the rolls of maintained schools in the County, an increase of 2,291 on the figure for last year. The numbers of children in the various types of maintained schools in the County during the past two years are shown in the table which follows.

Type of school	Number of schools		Number on roll	
	1967	1968	1967	1968
Nursery	4	4	278	293
Primary	174	176	39,093	40,448
Secondary: Grammar	8	7	5,060	4,485
Comprehensive	11	12	11,695	13,367
Modern	20	19	10,577	10,407
Special	5	5	540	534
TOTALS	222	223	67,243	69,534

Medical Inspection

Periodic Inspections

The arrangements provide for full medical inspections of children as soon as possible after they start school, in their last year at primary school and in their last year of compulsory school life. During the year, this programme was modified in four secondary schools by the introduction of a system of selective examinations of the last age group.

Under this new scheme all leavers are interviewed by a medical officer who selects those for full or partial examination on the basis of previous history, results of routine tests or on information supplied by parents, health visitors or schools.

In addition to the routine tests of vision and hearing, the revised system also provides for the testing of urine and 1,220 children at the four schools produced samples. Tests which proved unsatisfactory were repeated and, as a result of repeat tests, 59 children were referred to their family doctors.

The pilot scheme will be continued and the procedures tested and improved in the light of experience before the new system is introduced generally throughout the County.

The numbers of children examined and re-examined during the past two years are shown below.

Type of examination							1967	1968
Entrants	...	...	...	...	...	...	5,916	6,430
Other periodic examinations (Children aged 10–11 years or those who had not been previously examined in this age group)							6,846	5,205
Leavers	...	...	...	...	...	...	4,359	5,544
TOTALS							17,121	17,179
Special examinations							69	67
Re-examinations							11,276	8,748
TOTALS							28,466	25,993

General Physical Condition

The general physical condition of children was good. Of the 17,179 examined at periodic medical inspections, eight (0.05 per cent) were considered by departmental medical officers to be of unsatisfactory physical condition. In 1967, 13 children (0.08 per cent) were placed in this category.

In seven of the eight cases, obesity was the reason for unsatisfactory classification. Dr. F. Cockcroft, who carried out a survey on obesity which was documented in the 1966 Report, has made the following comment.

“I found the general standard of health in the children I examined good. I am not one who believes that most of the school children suffer from obesity. Those that are obese are in the minority and the cause is not basically overeating in many cases. There is something which makes some children obese whilst on a very moderate diet.”

Personal Hygiene

During the year, 50,482 individual hygiene examinations were carried out in schools and 92 children were found to have vermin in their hair.

The following table shows the number of children found to have vermin in their heads in each of the last ten years.

<i>Year</i>	<i>Total number of individual examinations</i>	<i>Total number of individual children found to be infested</i>
1959	50,683	104
1960	56,739	112
1961	53,936	104
1962	36,431	61
1963	51,795	92
1964	56,028	75
1965	58,908	146
1966	55,072	87
1967	37,962	53
1968	50,482	92

Medical Treatment

Statistics

Details of the numbers of children examined and of the numbers and types of defects found are shown in the tables on pages 90 and 91.

In the following table the numbers of children examined in the various age groups and the numbers found to require treatment during the year have been compared with the figures for 1967.

<i>Age group</i>	<i>Number of children examined</i>		<i>Number found to require treatment</i>		<i>Percentage found to require treatment</i>			
					<i>West Sussex</i>		<i>England and Wales</i>	
	1967	1968	1967	1968	1967	1968	1967	1968
Entrants ...	5,916	6,430	460	525	7.8	8.2	} 15.7	*
Other periodic inspections ...	6,846	5,205	540	416	7.9	7.9		
Leavers ...	4,359	5,544	313	416	7.2	7.5		
TOTALS ...	17,121	17,179	1,316	1,357	7.7	7.9		

*Not available.

Eye Clinics

School eye clinics continued to be held in nine centres in the County. The need for more ophthalmology time at the clinics in Crawley and in the eastern coastal area was recognised by the South West Metropolitan Regional Hospital Board and in November, 1968 additional sessions were made available. At the end of the year the effect was already apparent in the reduction of the lists of children waiting to be seen at these clinics.

The number of children examined at school eye clinics during the year was 2,349; a decrease of 170 on the figure for 1967. The number of examinations was 3,025, compared with 3,071 in the previous year.

Of the 1,083 pairs of spectacles known to have been prescribed for children during the year, 829 pairs were prescribed at school eye clinics. This was 165 pairs fewer than in 1967.

Thirty-four school children and 51 children under school age were known to have received operative treatment for squint during the year.

Orthoptists treated 618 children; 142 more than in 1967.

Orthopaedic Clinics

Mr. John A. Cholmeley, Consultant Orthopaedic Surgeon, who had attended orthopaedic clinics for school children held in County Council premises for over 20 years, retired on 31st July, 1968. The South West Metropolitan Regional Hospital Board, which provides the services of consultant orthopaedic specialists, decided that the orthopaedic and physiotherapy clinics previously held at Crawley, Horsham, Lancing and Worthing should be integrated into local hospitals. Although there was some regret at the passing of what had become, over the years, a homely and convenient arrangement, regard must be paid to the best use of scarce resources, the release of uneconomical accommodation and, above all, the improvement of service to the patients.

From August, 1968 only the school orthopaedic clinic at Chichester continued to be held in premises provided by the County Council and it is anticipated that this clinic will be taken into a local hospital when space permits.

The number of children attending the clinics held in Chichester, Crawley, Horsham, Lancing and Worthing decreased from 725 (including 261 under school age) to 603 (including 204 under school age) in 1968. Thirty-six children (including eight under school age) received in-patient treatment and 123 children (including 23 under school age) were supplied with 137 orthopaedic appliances.

Physiotherapists treated 584 children (including 174 under school age), 51 fewer than in 1967.

Enuresis

The treatment of nocturnal enuresis by means of pad and bell alarms was continued during the year and reports were received on 63 boys and 22 girls. The reports showed that complete or partial improvement was achieved by 48 boys and 18 girls.

Convalescence

During the year, short-term convalescence was provided for 15 children in accordance with the provision of section 48(3) of the *Education Act 1944*. This was 30 fewer than in 1967.

Speech Therapy

Following correspondence with the Chichester and Graylingwell Hospital Management Committee it was agreed that from 1st May, 1968 Miss M. G. A. McCombie, Senior Speech Therapist, would be employed for three sessions a week in the hospital service whilst continuing to be employed for the remaining seven sessions a week in the school health service. The authorised establishment for speech therapy was increased during the year by one therapist to give a full-time equivalent of five therapists for work in the school health service. At the end of the year there were five therapists in post, a whole-time equivalent of 3.2.

Miss McCombie has supplied the following comments.

“The improved staffing position continued during 1968 and throughout the year there were three full-time and, for most of the year, three part-time therapists working in the County. Since April, 1968 Crawley has been without the regular service of a speech therapist but every effort has been made to help with urgent cases. The remainder of the County had the services of speech therapists and, with the help of the part-time therapists, some children were provided with more care than had previously been possible. In areas such as Worthing and Bognor Regis where the case-loads are increasingly heavy, the service was of necessity spread more thinly.

An encouraging number of girls in the County have shown an interest in speech therapy as a career and some are already in training.

My joint appointment with the West Sussex County Council and the Chichester and Graylingwell Hospital Management Committee has proved to be a happy and successful arrangement. The object of this appointment was to provide a link of value between the responsible authorities, to give more equitable distribution of speech therapy services and to enable children, adults and therapists to give and gain in experience.

The therapists are actively interested in the National Research Trust for Speech Therapy whose Gift of Speech Campaign is concerned with the provision, in the first instance, of a national centre for research, consultative, and therapeutic speech services. The West Sussex County Council is the first local authority to make a direct contribution to this fund. Speech therapy as a science and as a profession is often little understood and valued. To many we are still ‘elocutionists’, and the classic speech therapy joke of the small patient who said ‘I think I’ll be a speech therapist when I grow up —it’s easy!’ must appear fact when we are seen bending over a book or playing picture-lotto with one quiet child; but there really is more to it than that, and the background to these activities is a training which fits a therapist from the day of qualifying to take on work of more responsibility and skill than is expected in many other professions—and to be very ill-paid for doing it. In promoting the Campaign we hope to make many more people aware of what speech therapy really is and how much more it may concern each one of them.”

During the year, 522 children were treated and 762 were seen “for observation”. The corresponding figures for 1967 were 441 and 751 respectively. The table on page 83 gives particulars of the numbers of pupils treated and under observation, according to category of defect or disorder of speech, in the various treatment areas. The numbers in brackets refer to the children under observation and are included in the total figures.

SPEECH THERAPY

Area	Defect or disorder of speech								New cases	Number discharged during the year	Waiting list at 31.12.68
	Articulation	Language	Fluency	Voice	Associated with cerebral palsy	Associated with cleft palate	Total number of children	Total attendances			
Bognor Regis	73 (43)	4 (3)	10 (7)	1 (1)	2 (2)	— (—)	90 (56)	310 (132)	28	23	11
Chichester	228 (103)	9 (1)	27 (13)	6 (2)	2 (—)	7 (2)	279 (121)	2,411 (431)	89	71	10
Crawley	132 (92)	25 (19)	27 (21)	— (—)	6 (—)	3 (—)	193 (132)	414 (274)	21	85	*
Horsham	92 (72)	23 (15)	12 (11)	2 (1)	5 (1)	2 (2)	136 (102)	551 (193)	85	60	22
Lancing	33 (22)	6 (2)	3 (1)	2 (2)	— (—)	2 (2)	46 (29)	428 (152)	23	57	4
Littlehampton	45 (20)	4 (3)	3 (2)	— (—)	— (—)	1 (—)	53 (25)	357 (108)	30	13	8
Midhurst	39 (27)	13 (13)	9 (5)	— (—)	2 (2)	1 (—)	64 (47)	223 (141)	25	21	4
Petworth	105 (62)	— (—)	10 (6)	2 (2)	— (—)	2 (—)	119 (70)	385 (169)	79	40	5
Shoreham-by-Sea	51 (39)	14 (8)	10 (8)	3 (3)	— (—)	— (—)	78 (58)	521 (193)	39	63	21
Worthing	180 (97)	6 (2)	26 (18)	— (—)	10 (3)	4 (2)	226 (122)	957 (308)	73	38	10
TOTALS	978 (577)	104 (66)	137 (92)	16 (11)	27 (8)	22 (8)	1,284 (762)	6,557(2,101)	492	471	95

Note: The unbracketed figures indicate the numbers of children treated; bracketed figures show the numbers under observation and are included in the totals.

* None kept; limited service available owing to shortage of staff.

Handicapped Pupils

Ascertainment

During the year, school medical officers carried out 342 examinations of children known or thought to have some physical or mental impairment. A summary of the information sent to the Department of Education and Science showing the number of handicapped children ascertained as needing admission to special schools or boarding homes during 1968, the numbers admitted and awaiting admission and those on the registers of special schools and boarding homes is given on page 85.

Child Guidance

The work of the four clinics continued along the lines described in previous editions of the Report. A statistical summary of their activities is given below.

1. REFERRAL	1967	1968
Number of children referred by:		
(a) School Medical Officers	79	57
(b) Courts and Probation Officers	22	22
(c) Parents and others	245	286
(d) Boarding schools and hostels	1	1
(e) General practitioners	235	200
(f) Children's Department	31	40
(g) Educational psychologists	59	89
(h) Other Child Guidance Clinics	11	9
Brought forward from previous year	64	84
(awaiting investigation on 1st January)		
TOTALS	747	788
2. INVESTIGATION		
Number of children investigated during the year and found to be:		
(a) In need of child guidance help	488	485
(b) Educationally sub-normal	6	11
(c) Unsuitable for education at school	2	2
(d) Not in need of child guidance help	80	65
(e) Withdrawn before investigation	87	94
(f) Awaiting investigation on 31st December... ..	84	131
TOTALS	747	788
3. TREATMENT		
Number of children:		
(a) Receiving help on 1st January	304	510
(b) Helped during the year	715	688
(c) Receiving help at 31st December	510	668
4. RECOMMENDATIONS		
Number of children recommended during the year for:		
(a) Special schools	21	20
(b) Hostels	13	8
TOTALS	34	28
5. CLINIC ATTENDANCES AND HOME VISITS		
(a) Number of attendances at clinics during the year	6,952	8,062
(b) Number of homes visited during the year ...	358	345

HANDICAPPED PUPILS

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTALS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
IN THE CALENDAR YEAR: Handicapped pupils A. Newly assessed as needing special educational treatment at special schools or in boarding homes	1	6	1	3	3	7	20	61	—	1	103
B. (i) Included at A above and newly placed in special schools or boarding homes ...	1	5	1	2	—	6	15	42	—	—	72
(ii) Assessed prior to January, 1968 and newly placed in special schools or boarding homes	—	—	—	—	3	5	6	24	—	—	38
TOTAL (B (i) and B (ii)) ...	1	5	1	2	3	11	21	66	—	—	110
AS AT 23RD JANUARY, 1969:	—	—	—	—	—	—	—	40	—	—	40
C. Number requiring places in (a) day ...	—	1	1	2	2	1	4	2	—	—	13
special schools ... (b) boarding ...	—	—	—	—	—	—	—	—	—	—	—
D. (i) Number on the registers of:	—	—	—	—	—	—	—	435	—	—	435
(1) Maintained special (a) day pupils ...	1	1	3	—	8	4	43	90	—	—	150
schools as ... (b) boarding pupils	—	—	—	—	—	—	—	—	—	—	—
(2) Non-maintained (a) day pupils ...	5	10	3	9	13	22	9	6	—	3	80
special schools as ... (b) boarding pupils	—	—	—	—	—	—	—	—	—	—	—
TOTAL ...	6	11	6	9	21	26	52	531	—	3	665
(ii) Independent schools under arrangements made by the authority ...	—	—	10	9	6	1	19	1	—	—	46
TOTAL (D (i) and D (ii)) ...	6	11	16	18	27	27	71	532	—	3	711
(iii) Boarded in homes and not included in (i) or (ii)	—	—	—	—	—	3	17	—	—	—	20
TOTAL (D (i), (ii) and (iii)) ...	6	11	16	18	27	30	88	532	—	3	731
E. Number being educated under arrangements made in accordance with Section 56 of the Education Act 1944	—	—	—	11	—	—	—	—	1	—	12
(i) in hospitals ...	—	—	—	—	8	—	—	—	—	—	8
(ii) in other groups ...	—	2	1	1	12	5	4	2	—	—	27
(iii) at home ...	—	—	—	—	—	—	—	—	—	—	—

Audiology

There are two types of deafness in children, that which is present from birth and that which is later acquired. Deafness is a complex problem and attempts are made to test all children for deafness early in life and to repeat this routinely at school entry.

A team of people is involved in the management and care of deaf children and the efforts of this team, which consists usually of a consultant ear, nose and throat surgeon, a teacher of the deaf, a school medical officer, an audiometrician and, from time to time, a speech therapist or educational psychologist, and co-ordinated in audiology clinics, one of which is held in Chichester and one in Crawley.

In these clinics there is an opportunity to consider every aspect of a child's deafness, a comprehensive diagnosis is made and a programme of medical and educational therapy is designed. The Department is grateful to the ear, nose and throat surgeons for their cooperation.

Children found to be Unsuitable for Education at School

Twenty children were reported to the local health authority under Section 57(4) of the *Education Act 1944* as being unsuitable for education at school.

Report of the Principal School Dental Officer

Staff

Particulars of the staff employed are given in the table on page 100 from which it will be seen that the number of dental surgeons employed fell by a total whole-time equivalent of 2.7. At the end of the year, there was a whole-time equivalent staff of 8.6 and this gave a school population per whole-time dental officer of nearly 8,000 to 1.

This figure is far too high and the children in West Sussex are indeed fortunate that with few exceptions the general dental practitioners in the County are prepared to treat those children who seek treatment through the National Health Service.

Inspection and Treatment

Statistics will be found on page 94. The total number of sessions worked during the year was reduced to 2,799 from 3,198 in 1967.

Children receiving routine inspections at school numbered 41,460 and a further 7,856 received a second inspection. Sessions devoted to this very important function of the service numbered 349. The inspection rate was 141 pupils inspected per session. Of the 41,460 children inspected, 15,246 (37 per cent) required treatment and 12,676 (84 per cent) were offered treatment. Courses of treatment completed numbered 6,887 and the acceptance rate was 41 per cent.

Dental Health

The dental hygienist visited 87 schools and during 103 sessions talked to 14,547 children, mostly in small groups. In addition she carried out scaling, polishing and topical fluoride applications during a further 72 sessions.

Acknowledgements

Again my thanks are due to members of the Council and to my colleagues in the Health, Education and other Departments for their help and encouragement.



Principal School Dental Officer

Other Services

School Meals and Milk

The following information, obtained from the Director of Education, shows the numbers of children in maintained schools in the County who had school dinners and milk on a day in October, 1968 and is compared with similar information for 1967. In comparing the figures for milk in schools, it should be borne in mind that, in accordance with Circular No. 14/68 issued by the Department of Education and Science, the supply of milk to children in secondary schools ceased at the end of the summer term, 1968.

<i>Meals</i>				1967	1968
Number of children present on day selected	...			61,285	63,619
Number of school dinners served	...	...	...	46,706	47,784
Percentage taking dinners	...	...	...	76.2	75.1
<i>Milk</i>					
Number of children present on day selected	...			61,852	37,296
Number of children who received one-third pint of milk	...	...	...	44,244	33,236
Percentage of milk drinkers	...	...	...	71.5	88.9

The close liaison between the county public health inspectors and the schools meals service helped to maintain high standards of hygiene in school canteens. Considerable emphasis was placed on the educational aspects of this supervisory service and all nine senior cook/supervisors who entered for the Royal Society of Health's examination in Hygiene of Food Retailing and Catering qualified for the certificate offered to successful candidates.

The various in-service training courses run by the school meals service included sessions devoted to food hygiene.

The arrangement continued whereby the county public health inspectors undertook regular inspections of meat consigned to school kitchens. Few complaints were received but where these arose the matters were dealt with on an informal basis to the satisfaction of all concerned.

School Hygiene and Sanitation

Following their visits to schools, the county public health inspectors commented on deficiencies in lavatory accommodation, washing facilities, lighting and other matters affecting the well-being of pupils and staff. The deficiencies were referred to the Director of Education with a view to remedial work being carried out as part of minor improvement programmes. A survey of the older schools is under way and a report will be available in due course. A greater use of scientific instruments is being employed in recording environmental data, including light meters, electronic thermometers and a sound-level meter.

School Swimming Pools

The County Public Health Inspector advised on the installation of swimming pools at County schools. By arrangement with the Education and County Architect's departments he was also responsible for supervising the operation of pools and for dealing with the many day-to-day enquiries and maintenance problems that arose. A total of 101 enquiries and breakdowns were recorded during the swimming season; all were dealt with effectively and, wherever possible, within 24 hours of information being received. The current policy is to install the least sophisticated equipment, having due regard to efficiency, thereby reducing maintenance costs and simplifying pool operation, a factor which is essential where unskilled staff are employed or staff changes occur frequently.

Nine pools were installed during the year at primary schools, bringing the total number of pools in County schools to 78. The pattern of development and distribution amongst the various types of establishment is shown in the next table. All pools have filtration and chlorination plant.

<i>Type of School</i>			<i>Open-Air Pools (Unheated)</i>	<i>Open-Air Pools (Heated)</i>	<i>Indoor Pools (Unheated)</i>	<i>Indoor Pools (Heated)</i>	TOTALS
Primary	...	...	59	2	1	1	63
Secondary	...	...	11	—	—	—	11
Special	...	...	4	—	—	—	4
TOTALS	...	...	74	2	1	1	78

Two one-day courses on swimming pool operation were held for teachers and caretakers. Lectures and demonstrations were given by the County Public Health Inspector, a chemist and a manager of a public bath.

Trials were carried out in 10 school pools to evaluate the effectiveness of tableted trichloroisocyanurate as a chlorinating reagent and the effectiveness of cyanuric acid as a stabiliser of residual free chlorine. The trials showed isocyanurate to be an effective chlorine donor and that cyanuric acid had a beneficial stabilising effect on residual free chlorine.

The County Public Health Inspector presented a paper at the 1968 Annual Conference of the Institute of Baths Management entitled "School Swimming Pools — An Environmental Health Problem"; the paper outlined the development, technicalities, management and health aspects of school swimming pools ranging from small portable patterns serving the needs of small rural schools to those of 'public baths' status serving comprehensive establishments. The paper concluded that there was a need for a planned development of school pools complementary to the public baths system; that in areas where public facilities were lacking there were strong arguments in favour of the development of combined community/school pools; and that, so far as school pool operation and supervision was concerned, there was a need for better standards of in-service training.

Road Accidents to Children

Information obtained from the County Road Safety Officer shows that 2,976 persons were involved in road accidents in the County during the year. Of these, 427 (14.3 per cent) were children under 15 years of age. The corresponding figures for 1967 were 2,957 and 367 (12.4 per cent).

National figures recently reported in the press showed that, although the volume of traffic in 1968 increased by four per cent, road deaths fell by seven per cent compared with the figure for 1967 and the number of persons injured was the lowest for six years. Accidents involving children, however, showed a rise of two per cent.

Health Education

The number of requests for assistance from schools demonstrated a growing awareness of the importance of health education. It was not always possible to provide practical help due to insufficient resources, but advice was given whenever possible.

Meetings were held during the early months of the year between the Health and Education Departments and with other interested organisations to discuss the misuse of drugs. It was considered that this subject should form part of a general health education programme.

RETURN OF MEDICAL INSPECTION AND TREATMENT FOR THE YEAR ENDED 31st DECEMBER, 1968

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Periodic Medical Inspections

<i>Age groups inspected (by year of birth)</i>	<i>No. of pupils who have received a full medical examination</i>	<i>Physical condition of pupils inspected</i>		<i>No. of pupils found not to warrant a medical examination</i>	<i>Pupils found to require treatment (excluding dental diseases and infestation with vermin)</i>		
		<i>Satisfactory</i>	<i>Unsatisfactory</i>		<i>For defective vision (excluding squint)</i>	<i>For any other condition</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1964 and later	239	238	1	—	4	8	12
1963 ...	2,690	2,690	—	—	102	116	216
1962 ...	3,004	3,002	2	—	106	160	255
1961 ...	497	496	1	—	18	25	42
1960 ...	284	284	—	—	8	5	12
1959 ...	193	193	—	—	14	8	22
1958 ...	740	740	—	—	28	33	60
1957 ...	2,975	2,973	2	—	104	114	216
1956 ...	1,013	1,012	1	—	58	51	106
1955 ...	404	403	1	—	21	15	35
1954 ...	1,067	1,067	—	—	19	36	54
1953 and earlier	4,073	4,073	—	99	198	134	327
TOTALS	17,179	17,171	8	99	680	705	1,357

Col. (3) total as a
percentage of Col. (2)

total 99.95

Col. (4) total as a
percentage of Col. (2)

total 0.05

Other Inspections

						1967	1968
Number of Special Inspections	...	...	...	...	...	69	67
Number of Re-inspections	...	...	...	...	...	11,207	8,681
TOTALS	...	...	...	...	...	11,276	8,748

Defects found by Periodic and Special Medical Inspections during the Year

Defect Code No. (1)	Defect or disease (2)						Periodic inspections				Special inspec- tions (7)
							Entrants (3)	Leavers (4)	Others (5)	TOTAL (6)	
4.	Skin	...	...	...	...	T	15	51	47	113	1
						O	167	59	117	343	2
5.	Eyes: (a)	Vision	...	...	...	T	220	215	245	680	8
						O	809	424	481	1,714	2
	(b)	Squint	...	...	...	T	36	3	18	57	—
						O	107	8	44	159	—
	(c)	Other	...	...	...	T	7	2	7	16	—
						O	32	10	18	60	—
6.	Ears: (a)	Hearing	...	...	...	T	59	3	14	76	6
						O	441	35	143	619	1
	(b)	Otitis Media	...	...	...	T	4	—	2	6	—
						O	123	7	33	163	—
	(c)	Other	...	...	...	T	2	3	3	8	—
						O	37	5	27	69	—
7.	Nose and Throat	...	...	...	...	T	28	14	9	51	—
						O	507	32	118	657	1
8.	Speech	...	...	...	...	T	46	1	11	58	—
						O	300	3	41	344	2
9.	Lymphatic Glands	...	...	...	...	T	1	—	1	2	—
						O	163	13	30	206	1
10.	Heart	...	...	...	...	T	4	3	3	10	—
						O	74	31	46	151	2
11.	Lungs	...	...	...	...	T	9	6	8	23	—
						O	145	39	95	279	2
12.	Developmental: (a)	Hernia	...	...	...	T	10	1	2	13	—
						O	42	1	8	51	—
	(b)	Other	...	...	...	T	4	4	17	25	—
						O	220	31	124	375	—
13.	Orthopaedic: (a)	Posture	...	...	...	T	6	13	34	53	—
						O	30	19	52	101	1
	(b)	Feet	...	...	...	T	23	11	28	62	2
						O	131	25	70	226	1
	(c)	Other	...	...	...	T	14	13	12	39	2
						O	153	34	97	284	1
14.	Nervous System: (a)	Epilepsy	...	...	...	T	1	2	1	4	—
						O	22	11	27	60	—
	(b)	Other...	...	...	...	T	3	—	4	7	1
						O	29	11	38	78	1
15.	Psychological: (a)	Develop- ment	...	...	...	T	6	—	5	11	1
						O	188	11	92	291	6
	(b)	Stability	...	...	...	T	6	1	2	9	1
						O	206	22	101	329	5
16.	Abdomen	...	...	...	...	T	2	1	5	8	—
						O	63	8	48	119	—
17.	Other	...	...	...	...	T	16	41	26	83	29
						O	87	61	118	266	1

T indicates number of pupils requiring treatment.

O indicates number of pupils requiring observation.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>	
	1967	1968
External and other, excluding errors of refraction and squint	27	26
Errors of refraction (including squint)	2,886	2,720
TOTALS	2,913	2,746
Number of pupils for whom spectacles were prescribed	1,171	1,083

Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>	
	1967	1968
Received operative treatment:—		
(a) For diseases of the ear	—	—
(b) For adenoids and chronic tonsillitis	57	62
(c) For other nose and throat conditions	—	9
Received other forms of treatment	50	45
TOTALS	107	116
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) In year	12	7
(b) In previous years... ..	122	122

Orthopaedic and Postural Defects

	<i>Number of cases known to have been treated</i>	
	1967	1968
(a) Pupils treated at clinics or out-patients' departments	509	378
(b) Pupils treated at school for postural defects	—	71
TOTALS	509	449

Diseases of the Skin

								<i>Number of cases known to have been treated</i>	
								1967	1968
Ringworm:	(a)	Scalp	...	...	...	...		2	—
	(b)	Body	...	...	...	...		3	2
Scabies	...	...	...	...	...	...	...	3	6
Impetigo	...	...	...	...	...	...	...	16	7
Other skin diseases	...	...	...	...	...	...	...	159	130
TOTALS			...	...	...	...	...	183	145

Child Guidance Treatment

						<i>Number of cases known to have been treated</i>	
						1967	1968
Pupils treated at Child Guidance Clinics	...	...	...	...	...	715	688

Speech Therapy

						<i>Number of cases known to have been treated</i>	
						1967	1968
Pupils treated by speech therapist	...	...	...	...	...	441	522

Other Treatment Given

								<i>Number of cases known to have been dealt with</i>	
								1967	1968
(a)	Pupils with minor ailments	...	...	...	...	...	...	378	352
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	...	45	15
(c)	Pupils who received B.C.G. vaccination	...	...	...	...	...	...	5,033	4,591
(d)	Other than (a), (b) and (c) above:								
	Orthoptic	...	...	...	...	...	...	439	576
	Enuresis (pad and bell alarms)	...	...	...	...	...	...	82	85
TOTAL (a)–(d)			...	...	...	...	...	5,977	5,619

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT						<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	TOTALS
First visit	...	...	...	...	...	4,884	3,020	400	8,304
Subsequent visits	...	...	...	...	...	6,680	5,870	918	13,468
Total visits	...	...	...	...	...	11,564	8,890	1,318	21,772
Additional courses of treatment commenced	...	...	...	...	...	985	658	117	1,760
Fillings in permanent teeth	...	...	...	...	...	2,906	6,866	1,149	10,921
Fillings in deciduous teeth	...	...	...	...	...	4,856	380	—	5,236
Permanent teeth filled	...	...	...	...	...	2,377	5,747	962	9,086
Deciduous teeth filled	...	...	...	...	...	4,390	346	—	4,736
Permanent teeth extracted	...	...	...	...	...	130	616	63	809
Deciduous teeth extracted	...	...	...	...	...	2,123	541	—	2,664
General anaesthetics	...	...	...	...	...	999	377	20	1,396
Emergencies	...	...	...	...	...	586	248	66	900
Number of pupils x-rayed	...	...	...	...	...	...	...	...	395
Prophylaxis	...	...	...	...	...	...	...	...	968
Teeth otherwise conserved	...	...	...	...	...	...	...	...	3,479
Number of teeth root filled	...	...	...	...	...	...	...	...	10
Inlays	...	...	...	...	...	...	...	...	5
Crowns	...	...	...	...	...	...	...	...	18
Courses of treatment completed	...	...	...	...	...	...	...	...	6,887

ORTHODONTICS

Cases remaining from previous year	...	...	...	...	...	96
New cases commenced during year	...	...	...	...	...	128
Cases completed during year	...	...	...	...	...	92
Cases discontinued during year	...	...	...	...	...	11
No. of removable appliances fitted	...	...	...	...	...	172
No. of fixed appliances fitted	...	...	...	...	...	—
Pupils referred to hospital consultant	...	...	...	...	...	4

PROSTHETICS

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	TOTALS
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	1	12	3	16
Number of dentures supplied	1	16	10	27

ANAESTHETICS	General anaesthetics administered by dental officers	...	908
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INSPECTIONS

(a) First inspection at school — number of pupils	41,460
(b) First inspection at clinic — number of pupils	2,660
Number of (a) + (b) found to require treatment	...	...	...	15,246
Number of (a) + (b) offered treatment	...	...	...	12,676
(c) Pupils re-inspected at school clinic	...	...	...	7,856
Number of (c) found to require treatment	...	...	...	2,151

SESSIONS

Sessions devoted to treatment	...	...	...	2,799
Sessions devoted to inspection	...	...	...	349
Sessions devoted to dental health education	...	...	...	133

Appendix A

HEALTH COMMITTEE

(at 31st December, 1968)

County Council Members

<i>Sub-Committees‡</i>	<i>Sub-Committees‡</i>
MRS. B. G. ARMSTRONG	n
COL. W. H. BLAGDEN, C.B.E.	a, m
MR. H. BRINTON	a, m
DR. IVAN CLOUT	e, m, n
MR. E. DODD	a
*MR. E. J. F. GREEN, J.P. (<i>Chairman of the Finance Committee</i>)	
MR. J. L. JEFFREE	a
MR. C. C. LANSDALL	a
§MAJOR-GENERAL H. M. LIARDET, C.B., C.B.E., D.S.O., D.L. (<i>Chairman</i>)	a, Ce Cm, n
MR. T. W. LITTLEJOHN	a
MRS. P. B. P. NAUNTON, J.P.	m
§MR. W. G. S. POPE (<i>Vice-Chairman</i>)	Ca, e m, n
MRS. F. M. L. RICHARDS	n
MRS. N. B. M. SHARP	m
MR. T. H. SIGGS	n
MR. J. M. SMITH	m
*BRIG. L. L. THWAYTES, D.L. (<i>Chairman of the County Council</i>)	
MR. G. E. WALLER	a
MISS E. M. WARD	n
*MR. J. E. WHITTOME, O.B.E. (<i>Vice-Chairman of the County Council</i>)	

Other Members

MISS V. R. M. CHAPMAN	representing the West Sussex Branch of the Royal College of Nursing	n
MISS E. J. CLUNES	representing the West Sussex Branch of the Royal College of Midwives	n
DR. W. S. COLTART	representing the West Sussex Branch of the British Medical Association	n
DR. P. GOODRICH	representing the Local Medical Committee for West Sussex	n
MRS. R. I. KINSELLA	representing the British Red Cross Society	n
MRS. N. M. LEPHARD	representing Worthing Borough Council	a
MRS. W. M. FRAMPTON	representing Worthing Borough Council	m
MRS. M. GALE MOORE		a, m
DR. H. ROSENBERG, O.S.T.J.	representing the Executive Council for the County of West Sussex	n
H.R.H. PRINCE TOMISLAV OF YUGOSLAVIA	representing the Sussex Branch of the St. John Ambulance Brigade	a
MRS. C. TURQUET	representing the South West Metropolitan Regional Hospital Board	m
MRS. J. C. PATEY	representing the Women's Royal Voluntary Service	n

Co-opted Members of Sub-Committees

MRS. C. MORLEY-FLETCHER		a
DR. D. E. W. ANDERSON	Physician Superintendent, Royal Earlswood Hospital	m
DR. J. D. MORRISSEY	Consultant Psychiatrist, Graylingwell Hospital	m
REAR-ADMIRAL W. EVERSLED, C.B., D.S.O.	representing voluntary organisations	m
THE HON. MRS. WYATT	representing the West Sussex County Nursing Benevolent Fund	n

‡ The symbols are explained at the foot of the next page.

EDUCATION COMMITTEE

(at 31st December, 1968)

County Council Members

	Sub-Committee
MRS. E. ATKINSON	S
DR. H. M. AYRES, C.ST.J.	S
MR. D. S. W. BLACKER	
† MAJOR S. R. BROOKS (<i>Vice-Chairman</i>)	
LADY BRUNDRETT	
MR. K. G. DUNN	
MR. R. C. DUTTON-FORSHAW	
MR. L. A. FOSTER	
MR. J. P. GEE, J.P.	
* MR. E. J. F. GREEN, J.P. (<i>Chairman of the Finance Committee</i>)	
MRS. M. KEOGH MURPHY	Cs
MR. E. KIRKBY-BOTT	
MR. T. W. LITTLEJOHN	S
† MR. R. MARTIN (<i>Chairman</i>)	
MR. R. MAY	
MR. R. MILES	
LT. CDR. M. G. MORRIS, D.S.C., R.D., R.N.R.	
SIR CLINTON PELHAM, K.B.E., C.M.G.	
MR. A. G. W. PENNEY, J.P.	S
MRS. D. M. PENNICOTT	S
MR. W. G. S. POPE	
MRS. N. B. M. SHARP	S
LT.-COL. E. S. SHAXSON, M.C., D.L.	
MR. A. A. SHEPPARD	S
MR. C. R. STILL	
* BRIG. L. L. THWAYTES, D.L. (<i>Chairman of the County Council</i>)	
MR. E. L. WALTER	
MR. J. A. WHITE	S
* MR. J. E. WHITTOME, O.B.E. (<i>Vice-Chairman of the County Council</i>)	
MR. C. E. C. WOOLLEY	

Other Members

MR. S. C. ELLIOTT	representing Worthing Committee for	
MR. R. EDWARDS	Education	
MRS. H. M. PERYER		S
THE REV. CANON M. C. LANGTON	representing religious denominations	
THE REV. R. H. SMITH		S
THE VERY REV. CANON E. WAKE		
MR. T. A. EVANS	representing teachers employed in	
MR. P. H. KEYTE	schools maintained by the Local	S
MR. S. NORRIS	Education Authority	
MAJOR-GEN. C. LLOYD, C.B.,		
C.B.E., T.D.		
MISS W. A. WAITE		
MRS. P. M. FOSTER	representing the Children's Committee	S

* Ex-officio member of the Committee and of the Sub-Committees.

§ Ex-officio member of the Health Sub-Committees.

† Ex-officio member of the Special Services Sub-Committee.

C Chairman of Sub-Committee.

a Ambulance and Public Health Sub-Committee.

e Executive Sub-Committee.

m Mental Health Sub-Committee.

n Nursing Sub-Committee.

s Special Services Sub-Committee.

Appendix B

STAFF

(at 31st December, 1968)

*County Medical Officer of Health and
Principal School Medical Officer:*

T. McL. GALLOWAY, M.D., F.R.C.P., D.P.H., DR.P.H.

*Deputy County Medical Officer of Health and
Deputy Principal School Medical Officer:*

D. WILD, M.B., CH.B., D.OBST., R.C.O.G., D.P.H., D.M.A.

Principal Medical Officer:

D. G. H. PATEY, M.A., B.M., B.CH., D.P.H.

Principal Administrative Officer:

J. SAUNDERS, F.C.C.S.

Senior Medical Officer:

K. S. CLIFF, M.B., B.S., D.P.H.

Medical Officers of the Department and School Medical Officers:

*J. C. AITKEN, M.B., CH.B., D.P.H.

*MAI BARFORD, M.B., CH.B.

*ROSETTA C. BARKER, M.B., B.CH., B.A.O., D.P.H.

*D. WARREN BROWNE, M.R.C.S., L.R.C.P., D.T.M. AND H., D.P.H.

*F. COCKCROFT, M.A., M.R.C.S., L.R.C.P., D.P.H.

R. E. GARWOOD, M.B., B.S.

*V. P. GEOGHEGAN, M.D., D.P.H.

*J. A. G. GRAHAM, M.B., CH.B., D.P.H.

CHRISTINA A. GUNN, M.B., CH.B., D.P.H.

ESTHER S. KERR, M.A., M.B., B.CH., D.OBST., R.C.O.G.

A. LOWRY, M.R.C.S., L.R.C.P., D.C.H.

*K. N. MAWSON, M.B., CH.B., D.P.H.

MARJORIE B. MORTON, M.R.C.P., D.T.M., D.OBST., R.C.O.G.

MERLE NEWTON, M.R.C.S., L.R.C.P., D.C.H.

*BARBARA M. TOWERS, J.P., M.B., CH.B., M.R.C.S., L.R.C.P.

*SHEILA WIGHTMAN, M.B., CH.B., D.OBST., R.C.O.G.

Chief Dental Officer and Principal School Dental Officer:

P. S. R. CONRON, L.D.S.

Area Dental Officers:

D. E. GIBBONS, B.D.S.

J. M. BAIN, L.D.S.

Dental Surgeons:

*A. P. BROOKE, L.D.S.

W. P. HOLDSWORTH, L.D.S.

*MRS. M. C. PERKINS, L.D.S.

J. A. W. PURNELL, L.D.S.

N. A. BOSTOCK, L.D.S.

G. C. KENT, L.D.S.

*MISS H. M. PHILLIPS, L.D.S.

*MRS. V. A. VICKERS, L.D.S.

Consultant Geriatric Physicians:

*R. B. FRANKS, M.R.C.S., M.R.C.P.

*J. N. MICKERSON, M.D., M.R.C.P.

Consultant Ophthalmologists:

*N. CRIDLAND, D.M., D.O. (OXON)

*H. B. JACOBS, F.R.C.S., D.O.M.S.

*A. LYTTON, F.R.C.S., D.O.

Ophthalmologists:

*P. W. ARUNDELL, M.R.C.S., L.R.C.P., D.O.M.S.

*S. BANERJI, M.B.

*VIVIEN BELL, M.B., B.S., D.O.

*W. B. HEYWOOD-WADDINGTON, M.B., B.S.

* Part-time

Consultant Orthopaedic Surgeon:

*J. D. WILSON, F.R.C.S.

Consultant Psychiatrists:

*M. ALDRIDGE, B.A., M.B., B.Ch., D.P.M.

*G. H. DAW, M.R.C.S., L.R.C.P., D.P.M.

*K. A. O'KEEFFE, M.B., B.Ch., B.A.O., D.P.M.

County Public Health Inspector:

A. P. L. WALLIS, F.A.P.H.I., M.I.P.H.E.

Assistant County Public Health Inspector:

G. R. CROWTHER, M.R.S.H., M.A.P.H.I.

County Ambulance Officer:

V. A. GLOVER, F.I.A.O.

Superintendent Nursing Officer:

MISS D. M. SMITH, S.R.N., S.C.M., H.V.CERT.

Deputy Superintendent Nursing Officer:

MISS P. J. LAMBERT, S.R.N., S.C.M., H.V.CERT.

Area Nursing Officers:

MISS B. M. GOLDING, S.R.N., S.C.M., H.V.CERT.

MISS M. NASH, S.R.N., S.C.M., H.V.CERT.

MISS A. M. RYDER, S.R.N., S.C.M., M.T.D., H.V.CERT.

Health Education Organiser:

MISS B. M. JACOB, S.R.N., S.C.M., H.V.CERT., D.M.A.

Assistant Health Education Organisers:

MRS. E. LOWETH, S.R.N., H.V.CERT.

MISS B. A. WRAIGHT, S.R.N., S.C.M., DIP.H.ED.

Senior County Almoner:

*MISS J. GATEHOUSE, B.A., A.I.M.S.W.

County Almoners:

MISS M. B. FLEMONS, A.I.M.S.W.

MISS E. Y. JONES, B.A., A.I.M.S.W.

MISS M. F. WESTON, A.I.M.S.W.

Chief Chiropodist:

A. C. CAMPBELL, S.R.N., M.Ch.S., S.R.Ch.

Senior Chiropodists:

F. A. BAKER, M.Ch.S., S.R.Ch.

M. W. DONKIN, M.Ch.S., S.R.Ch.

MRS. E. DROMGOOLE, M.Ch.S., S.R.Ch.

MISS J. M. GREGORY, M.Ch.S., S.R.Ch.

MRS. D. M. PRICE, M.Ch.S., S.R.Ch.

County Home Help Organiser:

MRS. R. E. HOLMES

Area Home Help Organisers:

MRS. J. M. BURLING

MRS. M. BROWN-CONSTABLE

MRS. J. M. PLATER

Occupational Therapist:

MRS. D. B. PAYNE, M.A.O.T.

Senior Speech Therapist:

*MISS M. G. A. McCOMBIE, L.C.S.T.

Speech Therapists:

*MRS. D. E. CROUCH, L.C.S.T.

MISS C. A. FOLEY, L.C.S.T.

*MRS. J. M. GIBSON, L.C.S.T.

MRS. P. THOMAS, L.C.S.T.

Head Psychiatric Social Worker:

MISS J. S. PARSONS, A.A.P.S.W.

Psychiatric Social Workers:

MISS E. R. W. CROWE, A.A.P.S.W.

*MRS. E. T. ROSSELLI, M.A.

*MISS N. K. HUNNYBUN, A.A.P.S.W.

*MRS. E. M. STEAD, B.A., A.A.P.S.W.

*V. W. J. ROBINSON, A.A.P.S.W.

J. M. WALLERSTEIN, M.A., A.A.P.S.W.

* Part-time

Social Workers:

*P. L. E. GAISMAN

*MRS. D. P. HAIG, DIP. SOC. SCIENCE

*MRS. R. D. S. INFIELD, B.Sc.

MISS F. P. TOWNSEND, S.R.N., DIP. SOC. SCIENCE, D.S.A.

Senior Educational Psychologist:

D. LABON, B.Sc., A.B.Ps.S.

Educational Psychologists:

J. T. ACKLAW, B.A., DIP. ED. PSYCH.

* MISS A. BOWLEY, PH.D., F.B.Ps.S.

R. L. BURDEN, B.A., DIP. ED. PSYCH.

Superintendent Mental Welfare Officer:

L. J. ELLIS, A.C.C.S., M.R.I.P.H.H., M.S.M.W.O.

Senior Mental Welfare Officers:

A. D. BRANDON, B.A.

L. O'RIORDAN, S.R.N., R.M.N., M.S.M.W.O.

D. B. PEARCE, D.M.A., C.S.W.

G. S. POPE, A.I.S.W.

J. H. PREECE, M.S.M.W.O.

P. W. SMALLRIDGE, C.S.W.

Mental Welfare Officers:

D. J. COLLINS, B.Sc.ECON.

MISS P. DUNNING, M.S.M.W.O.

W. J. ELLIS MRS. R. GHOM, DIP. N.A.M.H., M.S.M.W.O.

N. P. GREALY, C.S.W.

D. H. HARNOTT, R.M.N. MISS L. P. JONES, DIP. SOC. SCIENCE

D. T. KELTIE, B.A.

D. MITCHELL, R.M.N.

MISS J. P. NEWMAN, M.A.O.T.

Durrington Hostel:

Warden: W. H. SHALES, R.M.N.

Matron: MRS. M. L. SHALES, S.E.N.

Rustington Hostel:

Superintendent:

V. K. WILLIAMS, R.N.M.S.

Matron:

MRS. T. M. WILLIAMS, S.R.N., R.N.M.S.

Day Training Centres:

Head Teachers:

FORDWATER: MRS. M. I. GREEN, DIP. N.A.M.H.

CRAWLEY: MRS. J. ROPER, DIP. N.A.M.H.

DURRINGTON: MRS. M. A. CLARKE, DIP. N.A.M.H.

WORTHING: W. E. STEVENS

Administrative Divisions:

Senior Administrative Assistants

P. R. THATCHER, A.I.S.W.

R. G. BARRY, D.M.A.

J. E. FIELD

A. W. GASKELL

Administrative Assistants

L. SHAW, D.M.A.

J. W. SMITH, D.M.A.

A. G. PENNICOTT, D.M.A.

MRS. J. C. MACEY

** Part-time*

Medical Officers of Health of District Councils:

ROSETTA C. BARKER, M.B., B.Ch., B.A.O.,
D.P.H.

D. WARREN BROWNE, M.R.C.S., L.R.C.P.,
D.T.M. AND H., D.P.H.

F. COCKCROFT, M.A., M.R.C.S., L.R.C.P.,
D.P.H.

V. P. GEOGHEGAN, M.D., D.P.H.

J. A. G. GRAHAM, M.B., Ch.B., D.P.H.

K. N. MAWSON, M.B., Ch.B., D.P.H.

Chancetonbury Rural District
Shoreham-by-Sea Urban District
Southwick Urban District
Bognor Regis Urban District
City of Chichester
Littlehampton Urban District
Worthing Rural District
Arundel Municipal Borough
Chichester Rural District
Midhurst Rural District
Worthing Municipal Borough
Crawley Urban District
(temporary arrangement)
Horsham Urban District
Horsham Rural District
Petworth Rural District

STAFF: Categories and Numbers Employed

Category of staff (1)	Estab- lishment 30.9.68 (2)	In post on 30th September				
		Whole- time (3)	Part- time (4)	Whole-time equivalent of Col. (4) (5)	Total whole-time equivalent	
					1967 (6)	1968 (7)
Administrative and clerical:						
Central Office	58.5	50	12	8.5	54.5	58.5
Clinics	10.7	8	5	2.7	8.7	10.7
Ambulance operational staff ...	92.0	92	—	—	90.0	92.0
Chiropodists	11.3	8	1	0.1	8.1	8.1
Dentists	11.0	6	3	1.5	10.2	7.5
Dental hygienists	1.0	1	—	—	1.0	1.0
Dental surgery assistants ...	12.0	12	—	—	12.0	12.0
Doctors	15.4	10	29	5.4	15.4	15.4
Health education organiser and assistants	4.0	4	—	—	4.0	4.0
Home help organisers	10.0	7	6	3.0	9.5	10.0
Home helps	215.0	4	530	197.0	199.0	201.0
Manual and domestic, including cleaners at clinics	3.5	—	14	3.5	7.5	3.5
Mental health:						
Hostels, including domestic staff	23.0	11	34	12.0	21.3	23.0
Social workers, including trainees	14.3	14	1	0.3	12.3	14.3
Training centres, including staff on courses of training:						
Teachers and instructors ...	39.0	37	2	0.8	34.5	37.8
Other staff	18.4	3	27	15.4	12.0	18.4
Nursing and auxiliary:						
Administrative and super- visory nursing staff ...	5.0	5	—	—	4.0	5.0
Clinic assistants	15.0	11	4	2.0	14.0	13.0
Combined nursing appoint- ments (all services; includ- ing relief staff)	35.0	34	—	—	34.0	34.0
Domiciliary midwives ...	18.0	18	—	—	22.0	18.0
Health visitors/school nurses	64.0	62	—	—	57.0	62.0
Home nurses	77.0	77	—	—	66.5	77.0
Nurse/midwives	17.0	15	—	—	18.0	15.0
Nursing auxiliaries	25.0	24	—	—	22.0	24.0
Occupational therapists ...	1.0	1	—	—	1.0	1.0
Other social workers:						
With relevant university or equivalent professional training	4.0	4	—	—	4.0	4.0
Physiotherapists	0.5	—	4	0.5	0.5	0.5
Public health inspectors and sampling officer	3.0	3	—	—	3.0	3.0
Speech therapists	5.3	2	4	1.4	4.3	3.4
Social workers and therapists in child guidance clinics ...	10.5	3	11	4.8	7.3	7.8
TOTALS	819.4	526	687	258.9	757.6	784.9

Appendix C

NURSING HOME BYELAWS

(Made under Section 190 of the Public Health Act 1936)*

1. These byelaws shall extend to such parts of the Administrative County of West Sussex as are not at the date of the confirmation of these byelaws included in a county district the council of which are authorised by virtue of a delegation of the County Council's functions to make byelaws under section 190 of the Public Health Act, 1936, and shall cease to apply to any parts which at any subsequent date are included in such a district.

INTERPRETATION

2. In these byelaws —

“the Council” means the County Council of the Administrative County of West Sussex;

“manager” means the person or persons registered in respect of a nursing home under Part VI of the Public Health Act, 1936;

“nursing home” and “maternity home” have the meanings assigned to them respectively by section 199(1) of the Public Health Act, 1936;

“register” includes a book, card or form.

RECORDS AND NOTICES

3. The manager of a nursing home shall —

(i) keep in proper order a register of patients received into and of children born to patients in the home;

(ii) enter therein fully, punctually, and legibly the following particulars:—

(a) a reference number for each patient;

(b) the name and address of the patient as given by or on behalf of the patient;

(c) the date on which the patient entered the home;

(d) the date on which the patient and any child born to any patient in the home left the home;

(e) if the patient or any child born to any patient in the home died at the home, the date and hour of death;

(f) the name and address of the general medical practitioner attending such patient;

and if the nursing home is a maternity home —

(g) the date and hour of delivery of the patient, the number of children then born, their sex, and whether born alive or dead;

(h) the name and address of the person who delivered the patient;

(i) the method of feeding each child, and, if the method has been varied, the period or periods during which each method was followed;

(j) the date and hour of any miscarriage occurring in the home;

(k) if the patient suffered from any illness due to abnormal causes while at the home, the nature of such illness and the action taken;

* The byelaws were confirmed by the Minister of Health and came into operation on 1st October, 1968.

- (iii) either keep the particulars of every patient together in alphabetical order in the register according to the name of the patient or keep an alphabetical index of the names of the patients;
- (iv) keep a case record giving —
 - (a) a daily statement of the health of every patient in the home suffering from acute illness;
 - (b) if the home is a maternity home, a daily statement of the health of every patient to whom a child is born in the home, and of every child so born;
 - (c) a periodical statement of the health of any other patient in the home.

4. A manager of a nursing home which is a maternity home shall, whenever he arranges or is a party to any arrangement for the removal of a child born in the home to other premises to be placed in the custody or care of any person other than its parent or guardian or a relative, keep in the register of patients and in readily ascertainable connection with the entry relating to the mother of the child a record specifying the address of such premises, the name of the person in whose custody or care the child is placed and the date of the removal of the child.

5. A manager of a nursing home shall —

- (i) within twenty-four hours of the death at the home of any patient or of any child born to a patient send to the Council notice in writing by letter post, or in an equally suitable manner, stating —
 - (a) the date and hour of death; and
 - (b) if under the provisions of section 22 of the Births and Deaths Registration Act, 1953, notice has been given him that a medical certificate of the cause of death has been signed by the certifying medical practitioner, the serial number of such notice; or
 - (c) if such notice has not been given him, the cause of death to the best of his knowledge;
- (ii) if an inquest is held in respect of any such death, within twenty-four hours of the conclusion thereof send to the Council notice in writing by letter post, or in an equally suitable manner, stating the date of the inquest and the cause of death as found by the coroner or jury thereat.

PENALTIES

6. Every manager of a nursing home who shall offend against any of the foregoing byelaws shall be liable on summary conviction to a fine not exceeding twenty pounds, and in the case of a continuing offence to a further fine not exceeding forty shillings for each day during which the offence continues after conviction therefor.

REPEAL OF BYELAWS

7. The byelaws with respect to nursing homes which were made by the West Sussex County Council on the 28th day of August, 1928, and were confirmed by the Minister of Health on the 18th day of September, 1928, are hereby repealed.

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